

Pathways Program Application Checklist

Date: _____ OEN: _____

Student name: _____

Current grade: _____ Pathway: Apprenticeship / College / University / Workplace

Pathways Program: _____ SHSM * OYAP *

Program Lead Teacher: _____

Program Start Date (Month / Year): _____

Name of your school's Pathways Key Contact: _____

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- ☐ Indicate Interest for the program on myblueprint.ca/halton.
 - ☐ Complete and submit the following to Guidance
 - ☐ SHSM Application
 - ☐ Registration and Consent Forms (Available on School Website)
 - ☐ Three References
 - ☐ Once accepted to the program, make an appointment with your current school guidance counsellor to discuss your course selections.

Note: There may be a cost involved for your program (e.g. uniform, personal hand tools, etc.). Please ask the Program Lead teacher about this.

References

Student Name:_____ Pathways Program:_____

Please provide 3 references. Ask each referee to sign the form and make a short one or two sentence comment reflecting why they would recommend you for the program.

Referee's Name (print)	Referee's signature	Position	Contact number or email
1.			
Comment:			
2.			
Comment:			
3.			
Comment:			