



Specialist High Skills Major (SHSM) Application

Before completing the application, please read the SHSM information included in the Course Selection Packag

e. Be sure to complete both sides of this application and submit to the Guidance Office with your myBlueprint sheet.

Student Information
Name:
Email address:
Current grade:

Please check the SHSM sector that you are interested in:
<input type="radio"/> Agriculture
<input type="radio"/> Arts and Culture
<input type="radio"/> Health and Wellness

Which Post-Secondary Destination(s) are you currently considering?		
<input type="radio"/> Apprenticeship	Skilled Trade:	
<input type="radio"/> Work	Career/Job:	
<input type="radio"/> College	Program:	
<input type="radio"/> University	Program:	
For your co-op placement, do you have a preference for a specific job/career or with a specific employer?	Choice #1	Choice #2

I have reviewed the information for the SHSM program, and I am committed to acquiring all necessary requirements.	
Student's Signature:	Date:

I hereby agree to the participation of my child in the selected SHSM program.	
Parent/Guardian's Signature:	Date:
Email address:	

For Office Use Only	
Guidance Counsellor Signature:	Date:
Lead Teacher Signature:	Date:

Note: Applicants may be asked to meet with the SHSM lead teacher to discuss goals and plans for success.

