



Lambton Kent District School Board

SPECIALIST HIGH SKILLS MAJOR (SHSM) STUDENT APPLICATION FORM

Student Information		
Last Name:		First Name:
Address:		
Home Phone:		Cell Phone:
E-Mail:		Date of Birth:
Grade:		Credits Attained to Date:
Program Requirements		
<p>Every SHSM must include the following components:</p> <ul style="list-style-type: none"> • A specific bundle of 8 – 10 Grade 11 and Grade 12 credits, including Co-Operative Education; • Sector-recognized certifications and/or training courses • Experiential learning activities within the sector; • Reach ahead experiences connected with the student's chosen post-secondary pathway; • Development of key essential skills and work habits required in the sector, and the use of the Ontario Skills Passport (OSP) for documentation purposes. <p>The bundle of 8 – 10 credits must include:</p> <ul style="list-style-type: none"> • Four major credits that provide sector-specific knowledge and skills; • Two to four other required credits from the Ontario curriculum, in which some expectations are met through learning activities contextualized to the sector; • At least two credits in co-operative education related to the sector. 		
Program Choice		
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Business
<input type="checkbox"/> Construction	<input type="checkbox"/> Energy	<input type="checkbox"/> Environment
<input type="checkbox"/> Health and Wellness	<input type="checkbox"/> Horticulture and Landscaping	<input type="checkbox"/> Hospitality and Tourism
<input type="checkbox"/> Information and Communication Technology	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation

Note: Not all programs are offered at all secondary schools. Please consult with your school's Guidance Department for more information.

Post-Secondary Destination		
<input type="checkbox"/> Apprenticeship	Skilled Trade:	
<input type="checkbox"/> College	Program:	
<input type="checkbox"/> University	Program:	
<input type="checkbox"/> Work	Career / Job:	
Co-Operative Education		
Preferred Job / Career / Employer:	Choice 1:	Choice 2:
Preferred Grade for Co-Op:	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12
Preferred Schedule for Co-Op:	<input type="checkbox"/> Semester 1	<input type="checkbox"/> Semester 2
Teacher Reference		
Teacher Name:	Signature:	
Teacher Name:	Signature:	
Approval		
I hereby agree to the participation of the above-named student in a SHSM Program of the Lambton Kent District School Board.		
Student's Signature:	Date:	
Parent / Guardian's Signature:	Date:	
Principal's Signature:	Date:	
FOR OFFICE USE ONLY		
I.E.P. (If Applicable)	<input type="checkbox"/>	
Credit Counselling Summary	<input type="checkbox"/>	
Attendance Report	<input type="checkbox"/>	

The information in this application will be used for purposes consistent with the Education Act and the
Municipal Freedom of Information and Protection of Privacy Act.