

HAIRSTYLIST PROGRAM APPLICATION

PLEASE PRINT CLEARLY

Date of Application:	Student #:
Name:	
STUDENT AND PARENT CHECKLIST – PERMISSION AN	ID SITE VISIT
Student Checklist	
In order to be accepted into a Hairstylist Program yo	u must meet the following requirements:
be 15 years of age or older	
\Box be 19 years of age or under upon completion of the time of the second seco	he program
\Box have not yet achieved Ministry of Education gradu	uation
\Box you will be required to complete a CSS registratio	n form if accepted to the program
\Box completed all mandatory grade 11 requirements ((see academic plan sheet)
\Box have a good attendance and punctuality record	
\Box attend a site visit	
\Box complete all pages of the application	
\square have a completed teacher reference form (in a se	aled envelope)
\Box complete a cover letter & resume	
\Box copy of your most recent report card	
Parent Permission and Support	
\Box I am aware that my son/daughter is applying for h	nairdressing
\Box I am aware that there are materials and equipmer	nt costs for this program for which I am responsible
I am aware we are responsible for arranging trans	portation for my son/ daughter to and from the program
my son/daughter demonstrates a level of maturity	y suitable to a post-secondary type institution
\Box please read, complete application and sign this pa	age
I have reviewed the above information with my so participate in the Hairdressing Program.	n/daughter and I hereby grant my son/daughter permission to
Parent/Guardian Signature:	Date:

February 15- March 15 - site visit (Please call 604-701-4949 for an appointment time)

February 21st – Parent/Student Night - 6 pm (CSS Hairdressing Salon)

STUDENT STATEMENTS OF INTEREST AND INTENT

Name:	Program:

1. What have you done to prepare yourself for study and work in hairdressing (ie. Related job, course work, work experience, extra-curricular activities, reading, interviewing people etc.)?

2. What skills do you have that will help you be successful in this program?

3. What interests you about a career in this field?

4. What knowledge do you have of this career field (ie. Opportunities for work, working conditions, wages, safety equipment etc)?

5. What are your interests outside of school (hobbies, sports, clubs, special talents, etc.)?

ACADEMIC PLAN

Grade 10- Completed Courses

Course	Marks

Grade 11/12 Plan – Must meet all grad requirements

Semester 1 Course Plan	Semester 2
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	Hr

Semester 1	Semester 2 Course Plan
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Hr	

TEACHER REFERENCE FORM

*Please provide to student in a sealed envelope to include in their application package.

Student:		Grade:	
Last Name	First Name		
This student has applied for a seat in th	o CSS Hairdrossing Program		

This student has applied for a seat in the CSS Hairdressing Program.

Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates. For more information on this program visit: css.sd33.bc.ca/hairdressing

Please check the following traits as:	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)
1. Maturity				
2. Accuracy / ability to follow instructions				
3. Enthusiasm and interest				
4. Adaptable – adjusts to new situations				
5. Follows through on assigned tasks				
6. Attendance				
7. Punctuality				
8. Shows motivation to learn new skills				
9. Can work independently				
10. Has positive attitude towards work				
11. Accepts constructive criticism				
12. Makes changes as a result of constructive criticism				
13. Could this student be counted on to repres	ent the School	favorably in a co	llege type settin	g?
	🗆 Yes	Possibly	/ 🗆 No	
14. Do you feel this student has a sincere intere	est in the hairdi	ressing program	?	
	🗆 Yes	\Box Possibly	/ 🗆 No	
Teacher Name:		Course	Taught:	
School:				
Please make a personal comment(s) about this	student:			
Signature:		Date:		