



Specialist High Skills Major (SHSM) Student Application



Personal Information			
Last Name:		Given Name (s):	
Street Address:		Email:	
City:	Province:	Postal Code:	Grade:
Home Phone Number:		OEN Number	
Parent/Guardian Contact Name:		Parent/Guardian Daytime Contact Number:	

Program Information		
Which program are you interested in? (check the appropriate box)		
Business	Construction	Hospitality and Tourism

Which Post Secondary Destination are you currently considering		
Apprenticeship	Skilled Trade:	
Work	Career/Job:	
College	College Name (Choice #1):	College Name (Choice #2):
	Program:	Program:
University	University Name (Choice #1):	University Name (Choice #1):
	Program:	Program:

What types of Co-op placement would be interested in acquiring:

_____ or _____

I hereby agree to the participation of the above-named student in the SHSM program at St. Benedict Catholic Secondary School.

Student Signature: _____ Guardian Signature _____

Date: _____ Date: _____