

Health & Fitness Specialist

Program Application

Health and Wellness SHSM

Name: _____

Grade: _____

Career Interest: _____

Cell Phone Number: _____

Planned Post-Secondary Pathway (check all that you are considering):

- Workplace
- Apprenticeship
- College
- University

In order to complete your program, you understand that you must complete the following:

- Specific **courses** within your Ontario Secondary School Diploma
- A 2-credit **co-op** in a related placement
- A minimum of seven **certifications** specific to your program
- A minimum of one **read ahead activity** where you learn more about what post-secondary pathways are available in this career sector
- A minimum of one **experiential activity** where you learn more about what it's like to have a career in this sector

All of the above requirements will be provided to you by the school, free of charge. ***However, it is your responsibility to ensure that you attend all of these events. Trips, certifications may not be offered a second time, so attendance at trips, speakers and events is mandatory to ensure completion of your SHSM.***

A confirmation letter will be sent home to your parents explaining that you have opted to join this program, detailing the requirements of the program, and directing them to resources if they have any questions. Please see Mr. Bell in the PE Department or a guidance counsellor if you have any further questions.

Student Signature: _____

Please return this completed form to the Guidance Office.

