



**MAXWELL HEIGHTS**  
SECONDARY SCHOOL

**MAXWELL HEIGHTS SECONDARY SCHOOL**  
**ICT: COMMUNICATIONS TECHNOLOGY**  
**SPECIALIST HIGH SKILLS MAJOR PROGRAM APPLICATION**

**READINESS CHECKLIST:**

- I plan to pursue a post-secondary pathway or career in the Information Communications Technology Sector
- I have reviewed and will commit to the credit requirements of the SHSM outlined in the SHSM Brochure
- I am aware that I must complete 3 compulsory and at least 3 optional certifications which may be offered before school, after school, or during the lunch periods
- I will be required to track my own progress through the program
- I will be required to complete Contextualized Learning Activities (CLAs)
- I am aware that I will be participating in extra learning opportunities and trips outside of the school building
- I agree that I will be responsible for making up any missed work from other classes due to trips and activities
- I understand that failure to attend required training or meetings, or engaging in behaviours outside of the scope of the school's Code of Conduct may result in my removal from the program

Student Information	
Name:	Student Number:
E-mail Address:	Home Phone:
	Mobile:
Current Grade:	# of Credits Earned to Date:

Parent / Guardian #1	Parent / Guardian #2
Name:	Name:
Home phone:	Home phone:
Work Phone:	Work Phone:
Mobile #:	Mobile #:
E-mail:	E-mail:

Which Post-Secondary destination(s) 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 #2)
	Program:	Program:

**Co-operative Education**

**Indicate when you intend to complete your 2 or 4 Co-operative Education credits: (circle)**

Summer before grade 11

Grade 11

Summer before grade 12

Grade 12

**What types of Co-op placement would you be interested in acquiring?**

\_\_\_\_\_ or \_\_\_\_\_

**OR**

**If you have already obtained 2 or more Co-operative Education credits, indicate the following:**

**Where did you complete your co-op hours?** \_\_\_\_\_

**Type of business:** \_\_\_\_\_ **Number of credits earned:** \_\_\_\_\_

**When did you complete these credits (dates)?** \_\_\_\_\_

**Briefly describe why you are interested in joining the ICT: Communications Technology SHSM Program. What are you hoping to gain through your involvement in this Program?**

***I hereby agree to the participation of the above-named student in the ICT Communications Technology SHSM Program at Maxwell Heights Secondary School.***

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# SHSM Program Media Release Form

## Maxwell Heights Secondary School

### Part 1– Events

I, \_\_\_\_\_, hereby agree and give my permission for the  
*(Name of parent/guardian if student is a minor, under the age of 18. Name of student if an adult, 18 years of age or older.)*  
Durham District School Board and/or partners to record, film, photograph, audiotape or videotape my/my  
child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to  
display, publish or distribute these Works for the purpose of publishing, posting on the DDSB website, posting in  
schools, posting on social media sites and/or for broadcasting on television or radio as determined by the DDSB.

I understand that the Works may appear in electronic form on the internet or in other publications outside of  
the DDSB's control. I agree that I will not hold the DDSB responsible for any harm that may arise from such  
unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded DDSB/school events and  
DDSB hosted events as described above. (See Part 2 below)

Please mark this box if you **DO NOT WISH** your child to participate in recorded DDSB/school events and  
DDSB hosted events.

### Part 2 – Media Specific

I also understand that external media organizations may attend school events. I give permission for my/my  
child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped  
for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published  
or broadcast by organizations external to the Durham District School Board.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or  
videotaped at media events.

I have read this Student Media Release Consent Form and I fully understand the contents and meaning of  
this release. I understand that I am free to contact the SHSM Program Lead with any questions regarding  
this release.

Student's Name: \_\_\_\_\_

Student's Signature (if over 18 years of age): \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature (if child is under 18 years of age): \_\_\_\_\_

Date: \_\_\_\_\_