



APPLICATION

Dual Credit & Exploratory Programs

2025-2026

Email completed form to dualcredit@lrsd.ab.ca or your school Career Practitioner

Please apply before post-secondary school's application deadline. No late applications will be accepted. *Textbooks and other supplies are to be purchased by the student.* Livingstone Range School Division may have a few textbooks that can be lent out on a first come first serve basis.

First name:	Last name:
Address:	
Email:	
Home phone:	Cell phone:
High School:	Grade Level:
Age: (min. 15 years)	Birth date:

COURSE SELECTION You may list a maximum of one course for Semester 1 and one course for Semester 2 of the 2024-2025 school year.

Program	Course Name	Semester
Lethbridge Polytechnic – General		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Lethbridge Polytechnic – Intro to Trades		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Lethbridge Polytechnic – Environmental Science with PEAKS Campus		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Olds College		<input type="checkbox"/> 1 <input type="checkbox"/> 2

INTEREST & CAREER PLANS Briefly describe why you are interested in the program(s) you selected.

--

ONLINE SCHEDULE Will this additional online learning commitment fit with your graduation plan?

☐ Yes

☐ No

COMMITMENT: I can commit to ALL of the required in-person lab dates/time for courses that have this as a requirement. I will prioritize these in person experiences over ANY other extracurricular activities.

☐ Yes

☐ No

TRANSPORTATION Students are responsible for their own transportation. If you are applying for a program offered on-campus at a post-secondary institution, what method of transportation will you use to get to and from classes? (Students are not permitted to drive each other.)
☐ Own vehicle ☐ Parent will drive

VERIFICATION

1. Have you completed **HCS3000 Workplace Safety**? ☐ Yes ☐ No
 - a. If not, do you acknowledge that you will register and complete the course before September? ☐ Yes ☐ No
2. Have you confirmed that you have met (or will meet) all other stated **prerequisites** required for the program(s) you're applying for? ☐ Yes ☐ No
3. Are on track to meet graduation requirements? ☐ Yes ☐ No

SIGNATURES

I verify that the information provided in this application is true.

Student Name: _____

Student Signature: _____ Date: _____

I am aware that my child is applying for the program(s) stated in this application. I support their application and I give him/her my permission to participate in the program if accepted.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I am aware that this student is applying for the program(s) stated in this application.

Principal Name: _____

Principal Signature: _____ Date: _____

Livingstone Range School Division is pleased to be in partnership with Lethbridge Polytechnic and Olds College to deliver engaging opportunities for our students.



**LETHBRIDGE
POLYTECHNIC**



OLDS COLLEGE
OF AGRICULTURE & TECHNOLOGY

How personal information is collected and used

The personal information collected in this form is part of the Division registration process and is collected, used and disclosed in accordance with the *Education Act* and Section 4(c) of the *Protection of Privacy Act* (POPA). This information is protected under Section 10 of POPA and used and shared as permitted by Sections 12 and 13. All personal information collected during the registration process and during the course of the school year will be used to provide an educational program and support processes to provide a safe and secure school environment. If you have any questions or concerns regarding the collection or intended use of this information, please contact the school principal or the Access and Privacy Office at 403-625-3356