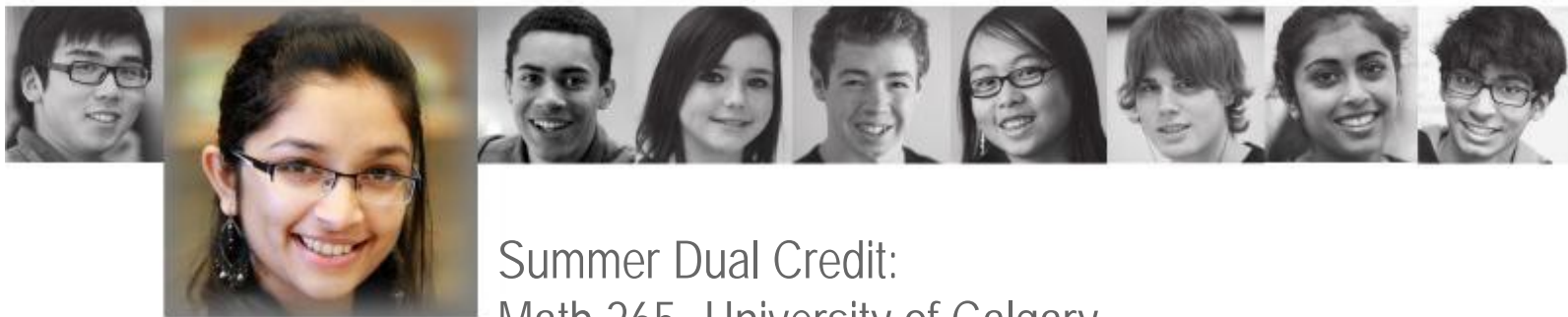


# high school success



## Summer Dual Credit: Math 265- University of Calgary

### what?

- University of Calgary Math 265 - University Calculus 1
- Earn 3 post-secondary credits for Math 265:
- *This course covers limits, derivatives, and integrals; the calculus of exponential, logarithmic, trigonometric and inverse trigonometric functions. Applications including curve sketching, optimization, exponential growth and decay, Taylor polynomials. Fundamental theorem of calculus. Improper integrals. Introduction to partial differentiation.*
- Earn 5 High School (30 level CTS) credits and Math 31 (if applicable), towards completion of an Alberta High School Diploma

### why?

- Get a jump start on post-secondary learning while in high school
- Lighten your first year university course load
- Course is eligible for transfer to most post-secondary institutions as a 3 credit University course and can be used to fulfill a program requirement at the U of C in: all programs in Biological Sciences, Chemistry, Computer Science, Geoscience, Mathematics and Statistics, Environmental Science, Natural Sciences, Neuroscience, Physics and Astronomy, Geography, Psychology, Earth Sciences, Economics, BComm, Biomedical Sciences, Bioinformatics, BSc in Exercise and Health Physiology, BEd Education (Math Specialty)

### who?

- Current Grade 11 or 12 high school students that have:
  - a minimum of 70% in Math 30-1 (Math 31 considered an advantage)
  - a keen interest in Mathematics
  - a desire to transition into post-secondary study

### when?

- Course runs Monday to Friday from 9am-12pm from July 3-July 27 (4 weeks)
- Students must be able to commit to attending all program dates
- Tutorials are embedded in the am schedule and will also be available after class, attendance is recommended

### where?

- The course will be taught on the U of C campus. Classroom TBD

### considerations

- Transportation is the responsibility of the student
- Recommended for students who may enjoy a condensed course schedule

### Contact:

Sonya Gillis  
e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca)  
t | 403-817-7516

### Application Deadline

Thursday June 14<sup>th</sup> by  
4:00pm

### Please note

Successful applicants will be required to attend a mandatory orientation meeting at the U of C on Thursday June 21<sup>st</sup> from 5-6:30pm

### Program dates

July 3<sup>rd</sup> to July 27<sup>th</sup> 2018



UNIVERSITY OF  
CALGARY



Calgary Board  
of Education



May 29, 2018

Calgary Board of Education  
1221 – 8 Street SW  
Calgary, AB, T2R 0L4

Dear Parents/Guardians,

Your child (or you, as an "Independent Student" under the *School Act* are) is applying to study a Dual Credit Math course at the University of Calgary. Please submit a fully completed application package. The Calgary Board of Education is excited to offer this course as part of our dual credit programming. This course offering is in alignment with Alberta Education's Dual Credit Framework that highlights that Dual Credit helps students to:

- get a jump start on their post-secondary education while still in high school
- receive instruction from a post-secondary instructor and receive support from a high school teacher
- complete high school while engaging in meaningful curriculum
- successfully transition to post-secondary studies or move into the world of work

The course is delivered on-campus at the U of C. As part of the enrolment process students will receive a University of Calgary ID number and have a record of post-secondary learning. Included in the application package is enrolment for Chinook Learning, who oversee CBE summer programming. Lectures will take place Monday-Thursday from 9:00 am-12:00 pm with mandatory tutorials Fridays from 9:00 am – 12:00 pm. The course will begin on Tuesday July 3<sup>rd</sup> and will end on Friday, July 27<sup>th</sup>. Students are required to attend for the duration of the program and are responsible for transportation to and from the U of C.

Upon successful completion of this course, students will receive three transferable university credits and five 30 level CTS credits. Students who have not yet earned credit in Math 31 may also earn credit in Math 31.

**Successful applicants** will be notified by email and receive a course outline with more specifics at the mandatory student orientation on Thursday, June 21<sup>st</sup> from 5:00-6:30 pm at the University of Calgary.

We are excited for this opportunity and invite students to submit their applications on or before June 14<sup>th</sup>, 2018.

Kind regards,

*Bradey*

B. Thompson  
Learning Specialist  
bjthompson@cbe.ab.ca



**Application | Summer Dual Credit Math 265**

Please complete and email a scanned copy or fax the completed form to Sonya Gillis  
e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) f | 403-777-6159

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

AKA Name: \_\_\_\_\_ Grade: \_\_\_\_\_

CBE ID: \_\_\_\_\_ ASN: \_\_\_\_\_ DOB: \_\_\_\_\_  
MM/DD/YYYY

Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you an International Student? Yes  No

**Legal Documentation: Please provide a copy of one of the following Legal Documents:**

- Adoption Certificate
- Canadian Birth Certificate
- Canadian Citizenship Card
- Canadian Passport
- Certificate of Indian Status
- Permanent Resident / Landed Immigrant Card

**Please complete and review page 2 prior to signing:**

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Teacher / Administrator Name: \_\_\_\_\_

Teacher / Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Instructions:**

**Please complete and email a scanned copy or fax the completed form to Sonya Gillis  
e| [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) f | 403-777-6159**

**Deadline | All applications must be received no later than 4:00pm on Thursday June 14, 2018.**

***Please check the following as they apply.***

Have you completed or are scheduled to complete Math 30-1 with a mark of 70% or higher?

Guidance Counsellor/teacher initials \_\_\_\_\_  
Yes.   
No.

Have you completed or are scheduled to complete Math 31? (Note: not a requirement)

Guidance Counsellor/teacher initials \_\_\_\_\_  
Yes.   
No.

Have you verified with a teacher or Guidance Counsellor that you are able to commit to being on-campus at the University of Calgary – Monday-Friday from 9:00 am to 12:00 pm from July 3 to July 27, 2018?

Guidance Counsellor/teacher initials \_\_\_\_\_  
Yes.   
No.

Please verify with a teacher or Guidance Counsellor that you are able to arrange for transportation to and from the U of C campus.

Guidance Counsellor/teacher initials \_\_\_\_\_  
Yes.   
No.

Briefly describe why this program is of interest to you or how it fits with your future aspirations or career plans.

**Statement of Support** *(to be completed by a teacher/Off-campus Coordinator, Career Practitioner, or Administrator)* How does the program align with the applicant’s interests, future aspirations or overall learning plan?



Submit your fully completed application package no later than

**4:00pm on Thursday, June 14<sup>th</sup>, 2018.**

Please email or fax 403-777-6159 the completed form to Sonya Gillis [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca)

**Registration checklist:**

- Acknowledgement of Risk with Medical Information Form** - completed and signed by parent/guardian
- Application Form** - completed and signed by parent/guardian, student and teacher or administrator
- Student High School Transcript**
- Required Legal Document included (see list of qualifying documents on page 1 of application form)**

***Please note:*** A confirmation email will be sent to you from Sonya Gillis upon successful submission of your application package. If you have not received a confirmation email by June 15, 2018 please contact [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) immediately.

**Successful candidates will be notified by email June 19, 2018.**

## Off-campus Education Acknowledgement of Risk



**Calgary Board  
of Education**

Consent of Parent, Guardian or Independent Student and "Acknowledgement of Risk"

### PLEASE READ CAREFULLY

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (name of student) ("my child"), agree to the participation of my child **OR** I, \_\_\_\_\_ (name of student), an "Independent Student" under the *School Act* (Alberta), agree to my participation in the Dual Credit Math 265 program (the "**Program**") organized by The Calgary Board of Education ("**CBE**") with the University of Calgary (the "**Program Provider**").

In consideration of the CBE accepting my child as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. A) I agree, for myself and on behalf of my child, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants and the Program Provider and its respective directors, officers, employees and agents (collectively, the "**Releasees**") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.  
  
B) Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student, release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASEES HAVE NO DIRECT CONTROL.**  
  
C) I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
3. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage and costs that I and/or my child may incur arising from and during the course of transportation to and from the location(s) of the Program, including in the course of embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation to and from the location(s) of the Program will not be compensated by the Releasees.
4. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that in respect of the Program:
  - a) all personnel of the Program Provider and of the CBE supervising the activities involved in the Program are trained and skilled to provide such supervision;
  - b) the location(s) of and facilities used during the Program meet safety and health standards in compliance with applicable laws; and
  - c) the Program participants will be asked to participate in activities that are age and skills appropriate.
5. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the Student (or, as an Independent Student, I assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that a Student may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
6. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.
7. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child (or I, as an Independent Student,

acknowledge and assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown.

8. My child has been informed by me that he/she shall comply (or I, as an Independent Student, confirm that I shall comply) with the CBE's policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or my child, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to do so may result in the exclusion of my child (or of me as an Independent Student) from the Program by the CBE.
9. If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem necessary, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
10. **I have completed the medical information form (attached).** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel. I have disclosed any known medical information concerning my child (or concerning me as an Independent Student) that may affect participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept my child for or may remove my child (or me as an Independent Student) from participation in the Program as a result of any medical condition as CBE or the Program Provider shall determine, at its sole discretion.
11. I understand that I am solely responsible for any illegal activities of my child (or, as an Independent Student, my illegal activities) during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
12. I confirm that this form shall be binding upon me as an Independent Student or upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the CBE Group in respect of the matters herein notwithstanding the provisions hereof, I indemnify the CBE Group from any losses, damages, liabilities and costs incurred by the CBE Group or any of them in that regard.
13. I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
14. I confirm that this form and my acknowledgements and agreements are governed by the laws of Alberta.

Signed at Calgary, Alberta this \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Legal Guardian/Independent Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT - Medical Information**

Please be aware that any information contained on this Medical Information form will be passed on to the employer/service provider. We suggest you include information that is relevant to the safety and well-being of the student while working or participating in educational programs. If there is no pertinent medical information to be shared, please indicate not applicable, and sign and return to the Off-campus Coordinator.

**Health Information:** (A photocopy of this completed form may be provided by CBE to the CBE to address health and medical needs including emergencies, and CBE may also share this information with the Program Provider others as deemed necessary.) Can be typed or handwritten

**- MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT**

Activity: <u>Math 265</u>	Date(s) <u>July 3-July 27<sup>th</sup> 2018</u>
Student Name: _____	Alberta Health Care # (optional unless travelling outside of Alberta) #:
Date of Birth (Yr/M/D): _____	

Drug Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Food Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Insect Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:
Other Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity:

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please elaborate. Include activities to be restricted or modified.
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**Please fill out the medication names and details for administering them: (if more space is required please attach additional information)**

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

**Medication storage Requirements:**

As a result of the above, are there any known side effects to above medication(s)? If "yes", please describe:

\_\_\_\_\_

Does the student have any psychological or emotional problems? If "yes", please describe:

\_\_\_\_\_

Are there any recent injuries to be concerned about? If "yes", please describe:

\_\_\_\_\_

Medical Treatment Restrictions (if any) e.g. blood transfusions:

\_\_\_\_\_

Dietary Restrictions (if any): \_\_\_\_\_

Additional Instructions/Information: \_\_\_\_\_

**Emergency Contact: 1) \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)**

**Emergency Contact: 2) \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)**



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In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, as amended from time to time ("AR 6002") (available for view on the CBE website), parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but shall during school activities (subject to AR 6002), store the medication and supports and supervise the child in self-medicating. The parent/legal guardian/Independent Student are responsible for notifying the CBE of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

I understand that given the nature of the Program in respect of which this form is being provided, in which the student will not be accompanied or supervised by CBE teachers/staff during off-site activities involved in the Program, CBE and its teachers/staff will not store the student's medication or supports off-site or supervise the self-medication by the student during any such activities. By signing this form, I confirm that I have waived any requirement of teacher/staff supervision of self-medication by the student and of storing medication or supports during off-site activities, and confirm that I do not wish the CBE, its teachers/staff to provide the same. I further acknowledge that the Program Provider and its staff are not representatives or agents of the CBE and are not authorized by the CBE to store the student's medication or supports or to supervise the self-medication by the student on behalf of the CBE.

Please note that:

1. the provisions contained in this form are subject to AR 6002 and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Subject to the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged and confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

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**To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant.** I further hereby agree that If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem necessary for the safety, health and well-being of my child (or me as an Independent Student), including securing professional medical treatment and I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact me in any medical emergency situation.

I further acknowledge that the CBE does not make a medical assessment of the suitability of the student for participation in the Program based on the information provided in this form, and that if the student has or develops any medical conditions that may affect the student's participation in the Program, I will advise the CBE immediately.

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Parent/Guardian/Independent Student

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Print Name

---

Date