2026-2027

Wood Street Centre – Programs Application

NOTE: Students entering Grade 9 and Grade 10 may only apply for **either** the English **or** the French section of the same course. (OPES 9 **or** PASE 9 and FACES 10 **or** ACES 10)

Please print clearly.

Name: _____ Pronouns (optional): _____

Date of Birth (Day / Month / Year): _____

Mailing Address: _____

_____

_____

Student Phone: _____ Student Email: _____

Home School: _____ Current Grade: _____

Are you Indigenous? Yes ☐ No ☐

Parent/Guardian 1:

Name: _____

Phone: _____

Email: _____

Parent/Guardian 2:

Name: _____

Phone: _____

Email: _____

If applying for more than one program, number each program by preference.

Semester 1		Semester 2
_____ CHAOS 10		_____ CHAOS 11
_____ ES 11		_____ ES 11
_____ MAD 9/10		_____ MAD 11/12
_____ FACES 10	**or**	_____ ACES 10
_____ OPES 9	**or**	_____ PASE 9

Send your completed application in **one** email to applications-wsc@yukon.ca.

(Subject Line: [Program] Application: Last Name, First Name)

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REQUIREMENT: Please provide four reference names and their contact information; two academic references and two personal references.

References

Student Name: _____

Program(s): _____

Academic – from your current school:

- Teacher
- Principal / Vice Principal
- School Counselor
- CELC

Reference 1: _____

Relationship: _____

Name: _____

Phone: _____

Email: _____

Reference 2: _____

Relationship: _____

Name: _____

Phone: _____

Email: _____

Personal – from your community:

- Family friend
- Leader or Coach from an extra-curricular group or team
- First Nation Leader – Chief / Councillor / Elder
- Family member

Reference 1: _____

Relationship: _____

Name: _____

Phone: _____

Email: _____

Reference 2: _____

Relationship: _____

Name: _____

Phone: _____

Email: _____