



H. J. Cambie Secondary School

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Pathways Program Application Student and Family Signature Form

PART A: To Be Completed by the Student

- I have completed the online Pathways Program Application independently and would like my application considered for this program.

Student Name

Student Signature

Date

PART B: To Be Completed by a Parent/Guardian

- I support my child's application for the Pathways Program.

Parent/Guardian Name

Parent/Guardian Signature

Date