

Please fill in ALL fields

Student Information:

Legal First Name: Legal Last Name:

Preferred Name(s):

Male Female

Birth Date: Month: Day: Year:

Address:

City: Province: Postal Code:

Primary Phone: Cell Home Student's Cell:

E-mail Address :

Have you taken a dual credit before? Yes No If yes, what college?

Do you wish to self-identify as a member of a designated group? Your response to this question is voluntary and will not affect your eligibility for Dual Credits. The information will be used for statistical purposes related to dual credit programs.

First Nations Metis Inuit Persons with Disabilities Member of Visible Minority Francophone

Emergency Contact:

Name: Phone :

Relationship: Alt Phone :

Home School:

*Please note that SWAC students will be registered into a mandatory dual credit course in each semester.

School Board School:

Winter 2017 Program Choices: THURSDAYS FEBRUARY 16 – JUNE 1

Windsor Campus

First Choice:

Second Choice:

Chatham Campus

First Choice:

Second Choice:

Dual Credit Program Authorization & Consent Statement

STUDENT INFORMATION CONSENT (mandatory)

The information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, Ontario Regulation 34/03. The information is used for the promotional, administrative, academic and statistical purposes of the college and/or the ministries and agencies of the Government of Ontario and the Government of Canada.

I give consent to St. Clair College, my home school, and my school board to release my application, academic information and any other information relating to my dual credit course between St. Clair College and the School Board.

I am aware that if I have an Individual Education Plan (IEP) that this information may be shared by the school board's Dual Credit Teacher with St. Clair College's Student Services to determine appropriate accommodations.

I am aware that upon admission to the Dual Credit program, basic student information will be permanently retained by the College in an electronic format.

I give my consent for the student named in this application to be transported by St. Clair College and will assume all liability for my/their participation in this dual credit course and any injury that may result during the transport or at the college. I also understand that some courses may involve field trips that take students off the college campus.

St. Clair College is required to report student-level enrolment-related data to the Ministry of Training Colleges and Universities under the authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6. The Ministry collects this data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities.

STUDENT MEDIA RELEASE (optional)

I allow St. Clair College and my School Board to use

- my name
- a photograph of me
- a recording of my voice
- a description of me
- a video, an electronic or other image of me
- a quotation or summary of my opinion

for the uses described below:

- advertising on television, radio, internet, or newspaper
- Information (e.g. brochure, fact-sheet, poster or other display material)
- Communications materials (e.g. speeches, news releases, backgrounders)
- Web, Internet, Intranet based communications materials

Please check this box if you object to the above Media Release

Personal information collected pursuant to this form is collected in compliance with section 38(2) of the Freedom of Information and Protection of Privacy Act. The information will be used for purposes described on this form and for no other purpose.

I hereby release St. Clair College, my School Board and any of their associates or affiliates, their governors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

To be signed by student AND guardian if student is under eighteen (18) years of age:

Student Name (please print)

Signature

Date

Parent / Guardian Name (student under 18)

Signature

Date

If you have any questions about the collection, use or disclosure of this personal information, contact Art Barron at 519-966-1656 ext 5403 or abarron@stclaircollege.ca

Counsellor Form

Legal First Name:

Legal Last Name:

Student OEN:

School:

Required Student Data

Select the dual credit selection criteria* this student belongs in (select **all** that apply):

Primary Target Group **SHSM Student** **OYAP Student**

*See ministry selection criteria document: http://www.scwi.ca/docs/Appendix_Selection_Criteria_Admit_DC_Pro-EN.pdf

Has this student previously dropped out and returned to secondary school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been identified through an Identification, Placement, and Review Committee (IPRC) Process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student have a current Individual Education Plan (IEP)? Please Note: If classroom supports are necessary, it is the responsibility of the school board to communicate those needs to the College prior to intake in order to ensure a smooth transition. There are no modifications or alterations of the outcomes for College courses.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been designated as exceptional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has programming ever been modified for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student ever been identified with behavioral problems? <i>If yes, please provide any additional information/notes to the College prior to intake.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's grade level at the time that they would be enrolled in the dual credit:	<input type="checkbox"/> 11 <input type="checkbox"/> 12
Actual # of credits earned as of: <input type="checkbox"/> Sept 1 <input type="checkbox"/> Feb 1	
Projected # of credits at the end of current semester:	
Will the student be in a Coop while attending the dual credit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this student approved for entry into the Dual Credit Program by the Student Success Team?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PPE: In the event your course requires specialty clothing and/or personal protective equipment, please provide:

Boot Size Men's Women's Shirt Size

Transportation: Students are automatically picked up and dropped off at their home school.

Students have the option to be picked up / dropped off at another school if it is more convenient:

Pick up location Drop off location

no ride needed

no ride needed

School Principal or other authorized signature

Date

Name (please print)

Title