



Dufferin-Peel Catholic District School Board
DUAL CREDIT
SUMMER 2019 Application Cover Sheet
COMPLETED APPLICATION CHECKLIST



- 1. Application Cover Sheet
- 2. *College* Application/Additional College Forms
- 3. *College* Media Consent Form
- 4. *Dufferin-Peel* Statement of Understanding
- 5. *Dufferin-Peel* Media Consent Form
- 6. Copy of **CREDIT COUNSELLING SUMMARY**

- PDF the application to yourself first (recommended)
- *THEN* forward the e-mail to: PATHWAYS REGISTRATION MAILBOX (pathways@dpcdsb.org)
And to: SUMMER SCHOOL CON.ED (registerADCED@dpcdsb.org)
- Anticipate a response within a couple of days indicating 'receipt' of the application

★ Please ensure all required information is filled out on both the application and this cover sheet. Incomplete applications will be sent back and may jeopardize the student's chance of acceptance into a program. Please contact Maureen Carolan (Ext. #24516), or Bruno Sacco (416-432-5180) if you have any questions.

STUDENT INFORMATION

(Can be filled out by student – Please PRINT neatly in black/blue pen)

_____		_____	
Last Name		First Name	
_____ - _____ - _____		_____	
Student OEN		Student Cell Phone	Student Home Phone
_____		_____	
Student E-mail (PLEASE PRINT CLEARLY)		Student Birthday (Month/DATE/Year)	Student Age AS OF <u>DEC 31, 2018</u>
_____		_____	
Presenting Gender			
M or F			

SCHOOL INFORMATION

(To be filled out by CONTACT TEACHER – Please PRINT in black/blue pen)

_____		_____	
Name of Secondary School		Name of School Guidance Head	
_____		_____	
Main Contact Teacher(s) for this Student		SHERIDAN – DAVIS BRAMPTON	
_____		Name of COLLEGE and CAMPUS LOCATION	

- | | | | |
|----|--|------------------------------|-----------------------------|
| | IEP | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | IPRC | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 1. | Is the applicant at-risk of not graduating in 4 years? (i.e. credit deficient) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Is the applicant unsure of his or her pathway beyond secondary school? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | Is the applicant in need of career clarification/direction? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. | Is the applicant returning to secondary school for the Dual Credit program after either having stopped attending for a semester, or had previously dropped out? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. | Is this applicant a Specialist High Skills Major (SHSM) student? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. | Is this applicant registered as an OYAP Participant or has an RTA ? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Any additional Information helpful to this application? – Please indicate here:

Dual Credit Application Form

Form must be completed electronically, printed out & signed appropriately. Once completed, please email it to pathways@dpcdsb.org AND registerADCED@dpcdsb.org by **MAY 30TH** for early consideration. After the deadline, seats will be given on a "first-come-first-served" basis.

STUDENT INFORMATION					
First Name		Last Name			
Date of Birth (dd/mmm/yyyy)		Age		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address				Appt. #	
City		Postal Code			
Home Phone #		Cell Phone #			
Email Address					
OTHER CONTACT INFORMATION					
Parent/Guardian		Daytime Phone #			
E-mail Address					
Emergency Contact		Relationship to Student			
Emergency Phone #	<small>Day</small>		<small>Cell</small>		
SCHOOL INFORMATION					
Home School		OEN Number (Required):			
School Board	<input type="checkbox"/> Dufferin-Peel CDSB	<input type="checkbox"/> Peel DSB	<input type="checkbox"/> Halton CDSB	<input type="checkbox"/> Halton DSB	
School Board Monitor		Phone #			
School Counsellor Name		Phone #			
School Contact Signature:					
COURSE SELECTION (Please list your course selection in the order of your preference)					
Choice #	Course Title	Course Start Date	Day (s) of the Week	Time	
ADDITIONAL INFORMATION					
Have you taken a Dual Credit course before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<i>IF yes, please enter the following:</i>		Course Name: _____	College Name: _____		
Do you have a Sheridan ID?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, provide ID# _____		
Have you ever taken time off from your secondary school and returned?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an existing Individual Education Plan (IEP)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a Specialist High Skills Major (SHSM) student?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you registered in Ontario Youth Apprenticeship Program (OYAP)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a *First Generation student? <i>First Generation: you are the first in your immediate family, excluding siblings, to attend college, university or an apprenticeship program in Canada.</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you considered to be (select all that applies):		Disengaged?			
		At risk of not graduating (insufficient # of credits)?			
		Unsure of your pathway AFTER high school?			

Dual Credit Application Form

Dual Credit Program Consent Form

This form is to be used only by students enrolled in Sheridan’s Dual Credit Program. This form is subject to Sheridan’s *Student Information Policy* and its appendices, all other Sheridan policies, including but not limited to the *Privacy Policy*, and all applicable legislation, including but not limited to the Ontario *Freedom of Information and Protection of Privacy Act*.

Pursuant to section 42(1)(b) of the Ontario *Freedom of Information and Protection of Privacy Act*, I, , authorize the Sheridan College Institute of Technology
(Student Name)

and Advanced Learning to release all records related to my registration, attendance, and academic progress in the Dual Credit Program to my Parent/Guardian and my Secondary School Board’s Representative as provided on this application form. This authorization will be valid from the date of signing below in perpetuity.

I have read the foregoing and fully understand the contents of this release form.

Student Signature		Date	
Parent/Guardian Signature <i>(if student is under 18 years old)</i>		Date	

Student Photo Identification Information Collection Form

First Name:	Last Name:
Sheridan Student ID#:	
Student Signature: _____	Date:
Parent/Guardian Name:	
Parent/Guardian Signature: _____	Date:

Please note that your photograph and any other personal information identified on this form is collected pursuant to s.2 of the Ontario College of Applied Arts and Technology Act for purposes of administering the College’s security and emergency preparedness plans as well as to facilitate the provision of services offered by the College where identity verification is a reasonable requirement. Questions with respect to this collection may be addressed to the Director, Information Security and Compliance, Sheridan College, 1430 Trafalgar Road, Oakville, ON L6H 2L1, 905-845-9430 X2035.

Statement of Understanding Dufferin-Peel CDSB & Sheridan College Dual Credit Program

The Dual Credit Program offered at **Sheridan College** requires me to spend a considerable amount of time working and learning outside of my home school as a college/secondary school student. I will represent my school in a responsible manner and in accordance with my school's Code of Conduct Policy.

I understand that I must follow all the rules of the Dual Credit Program:

I will:

- attend regularly and be punctual both at my home school, at **Sheridan College** and (if applicable) at bus pick-up locations;
- if absent from class, report my absence to my instructor/teacher, at both the college and secondary school, before the start of the day;
- complete all required assignments, tasks and tests;
- abide by the rules of **Sheridan College** including appropriate behaviour and respect for persons and property; **Sheridan College** expectations will be outlined within the first week of the program;
- be required (if applicable) to wear safety shoes and will be required to wear other prescribed clothing for this program (e.g. personal protective equipment) as directed by the instructor;
- carry my student ID with me and be prepared to present it to the bus driver and/or teachers/college instructors as requested;
- abide by the rules of the transportation organization and act responsibly on the bus/taxi/public transportation or my travel privileges may be withdrawn;
- abide by Health and Safety regulations at **Sheridan College**;
- work co-operatively and communicate in a positive manner with all instructors/teachers and peers.

I understand that:

- **Sheridan College** instructors, coordinators, administrators and staff from **Sheridan College**, Dufferin-Peel CDSB, and my secondary school may as require, mutually share student information as related to the Dual Credit program (including student attendance and academic performance, code of conduct issues and student Dual Credit application information). Information shared may be disclosed to parents or guardians (if student is under the age of 18) upon their request;
- if I have an Individual Education Plan, I am responsible for accessing the college's Student Accessible Services in order to understand and receive the support services provided by the college;
- if I do not use the busing or transportation provided, I will be responsible for arriving punctually at **Sheridan College** on the arranged class dates;
- supervision will not be provided on the bus/public transit. The bus company and/or public transit can refuse service for inappropriate behaviour;
- if I elect to travel as a passenger in a peer's personal or family vehicle, the district school board/college provide no insurance coverage;
- travel insurance is not provided while traveling to/from the college. Students are encouraged to purchase Student Accident Insurance available online at a nominal cost at www.insuremykids.com
- I must declare to my home school and college any medical condition which may seriously affect my participation in the program. It is strongly recommended by the district school board/college that students obtain additional personal medical/accident insurance as deemed necessary;
- Dufferin-Peel CDSB will not be held responsible for any liability or medical expenses arising out of participating in this program.

I understand that failure to comply with the above conditions/rules may result in my removal from the program and loss of academic credits.

Student **Printed** Name

Student **Signature**

Date

Parent/Guardian **Printed** Name (if student is under 18 years of age)

Parent/Guardian **Signature** (if student is under 18 years of age)

Date

One copy of this signed statement is to be retained with the secondary school, one copy is to be retained by the college, one copy to be retained by the central board office and one copy is to be distributed to the student or, if the student is under 18 years of age, to the parent/guardian.

MEDIA CONSENT FORM

SCHOOL: _____

SCHOOL YEAR: 2018-2019

To: Parent(s)/Guardian(s)/Student:

Schools cooperate with the media and other organizations, within reason, to promote the school board, schools, programs and student accomplishments. However, we recognize that there are instances where a parent/guardian may not wish their child photographed or recorded.

I hereby give the **Dufferin-Peel Catholic District School Board** and/or **College** and its employees and agents:

(1) Permission to film/photograph/videotape or make an audio or digital recording of myself for purposes related to my **College Dual Credit** course;

(2) The perpetual and non-exclusive right and license to use my image, my name and/or a quote from me about or a description of my involvement in a work education program in any of the media communications (i.e. print, audio, television, social media, online) promoting dual credit and experiential learning programs produced by or on behalf of the **Dufferin-Peel Catholic District School Board** and/or **College** without payment to me;

(3) Consent under the Freedom of Information and Protection of Privacy Act to use and disclose my image, my name and/or a quote from me about or a description of my participation in any of the media communications (i.e. print, audio, television, social media, online) promoting experiential learning programs of the **Dufferin-Peel Catholic District School Board** and/or **College**.

Please be advised that all or portions of the work referred to above will become part of the media organization's database and may be adapted for other educational or non-educational applications, productions, broadcast, re-broadcast, published, exhibited, reproduced, and/or distributed in various media formats to a number of markets.

To: **The Dufferin-Peel Catholic District School Board**

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM. I VOLUNTARILY GIVE THE DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD CONSENT TO INCLUDE MY CHILD OR ME IN THE MEDIA COVERAGE AND ITS SUBSEQUENT USE DISCLOSURE AS DESCRIBED ABOVE.

I further understand that this consent is valid for the current school year and may be withdrawn by me at any time, upon written notice. This Consent form meets the requirements of the *Municipal Freedom of Information and Protection of Privacy Act* and the *Education Act* for the disclosure of personal information.

I CONSENT TO THE ABOVE:

I DO NOT CONSENT TO THE ABOVE:

Name of Student (Please Print)

If over 16 years of age, Signature of Student

Date

Name of Parent/Guardian (Please Print)

Signature of Parent/Guardian

Date

Dual Credit	Course Code					Course Name					Course Location				

Last Known or Current Secondary School _____

STUDENT ID#: _____ STUDENT OEN#: _____

Legal Names: (Students are registered by their legal name which will be used on legal documents. The student's preferred name will be used at school)

Surname: _____ First Name: _____ Middle Name: _____

Preferred Names: Same as Legal Names, or

Surname: _____ First Name: _____ Middle Name: _____

Address: _____ Apt./Unit #: _____

City: _____ Postal Code: _____ Phone: _____

Parent Email: _____ Student Email: _____

Does this student identify as Female Male Birthdate: Y Y Y Y M M D D

Special Education:

Does student have special education/diverse learning need? Yes No Does student have specialized equipment? Yes No SEA Yes No

Does this student have an Individual Education Plan (IEP)? Yes No If yes, student must provide a copy to program teacher.

Has this student been identified as an exceptional student, through the Identification Placement Review Committee (IPRC)? Yes No

English Language Learners (ELL) Yes No In your school/board, does this student receive ESL/ELD services? Yes No

Medical Condition(s)/Alert _____

Anaphylactic Concerns: Yes No If yes specify Allergy: _____ Epinephrine Auto-Injector: Yes No

Non-Dufferin Peel Students Complete Portion Below:

Student Country of Birth _____ If Canada, province of Birth: _____

Arrival Date (into Canada) _____ Expiry Date (if Applicable) _____

Status in Canada Canadian Citizen Permanent Resident Refugee International Student Student on Study Permit Permanent Resident Pending Temporary Resident Parent on Work Permit Parent on Study Permit

Country of Last Residence: _____ Country of Citizenship: _____

Emergency Contact:

First Name _____ Last Name _____ Relationship to Student _____

Address: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Custody Information: Who has legal custody? Both Parents Father Only Mother Only Other: _____

I am 16/17 years of age and have withdrawn from parental control Are there any special arrangements pertaining to access/visitation? Yes, Documentation must be provided. No

Aboriginal Student (Voluntary Self-Identification): for the purposes of supporting First Nation, Metis and Inuit Student achievement objectives of Dufferin Peel and the Ministry of Education and of reporting student's achievement to the Ministry of Education and the Education Quality and Accountability Office, I/We choose to voluntarily self-identify my/child's ancestry as: First Nations Inuit Metis First Nation Metis and Inuit Ancestry

MANDATORY ATTENDANCE FOR ALL CREDIT PROGRAMS
Regular attendance is crucial for success in all Summer School credit programs. Attendance and punctuality are compulsory. Students must attend class on the first day of Summer School — Dual Credit Program or will be withdrawn from the course. Students will be demitted after 3 (three) consecutive absences. Students may be demitted following a contravention of the Catholic Code of Conduct.

Code of Conduct
The Dufferin-Peel Catholic District School Board, Adult and Continuing Education Department will strive to create a Catholic learning community in which students are able to develop their spiritual, intellectual, physical and social potential. Dufferin-Peel Catholic District School Board, mandated by the Ministry of Education Safe Schools policy, has established The Catholic Code of Conduct, which outlines the rights and responsibilities of students attending programs in Dufferin-Peel. Detailed information regarding the Catholic Code of Conduct is available at <http://www.dpccsb.org>

Personal information collected shall be used for the provision of educational services and/or to administer health and emergency responses as required. If required to support the student's needs, personal information, including OSR information may be requested from or shared with their current school. Information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2, (s.170, s.190, s.264, s.265); Sabrina's Law, 2005, S.O. 2005, c. 7 and Ryan's Law (Ensuring Asthma Friendly Schools), 2015, S.O. 2015, C. 3 in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Any questions regarding information collected, may be directed to the school principal or to the Records Management and Access & Privacy Administrator, 40 Matheson Blvd West, Mississauga, ON L5R 1C5 (905) 890-1221 ext. 24443

Student and Parent Responsibility By signing this registration form, both student & parent/guardian understand and accept all of the terms and requirements for the Adult and Continuing Education Secondary Summer School Program:

Mandatory Signatures	1.	Principal/Designate/Guidance Counsellor Name	Principal/Designate/Guidance Counsellor Signature	Date:
	2.	Student/Applicant Signature		Date:
	3.	Parent/Guardian Signature (for students under 18 years of age)		Date:










The Mission of the Dufferin-Peel Catholic District School Board, in partnership with the family and church, is to provide, in a responsible manner, a Catholic education which develops spiritual, intellectual, aesthetic, emotional, social, and physical capabilities of each individual to live fully today and to meet the challenges of the future, thus enriching the community.

ELIGIBILITY

1. Only students who attended secondary school in the 2018-2019 school year may attend Summer School programs.
2. Students on *Visa permit* must contact the Adult and Con. Ed office at 905-362-0701 EXT. 50016 or visit our website (<https://www.dpcdsb.org/programs-services/summer-learning/secondary-summer-school>) for further direction prior to applying through their Guidance office. Letters of authorization and fees must be obtained prior to Summer School commencing.

SUMMER SCHOOL DUAL CREDIT COURSE INFORMATION AND EXPECTATIONS

-  Register now as spaces are limited
-  Registration deadline for early consideration is May 30, 2019
-  Students apply through your Guidance Office
-  IEP – it is the student’s responsibility to provide their Summer School teacher with any IEP information
-  This program is specific to senior students entering Grade 11, 12 or 12+ in September 2019
-  For specific Dual Credit questions, please call 905-890-0708 ext. 24516
-  Visit our website at www.dpcdsb.org > Programs and Services > Summer Learning > Secondary Summer School

SWAC - Dual Credit Program

Course Codes: BOA4T and Credit Recovery in English/Humanities/Religion
Number of Potential Credits: 2
Location: Sheridan College – Davis Campus
 7899 McLaughlin Road, Brampton

Dates: Tuesday, July 2nd – Friday, July 26th, 2019
Time: 8:00 AM – 1:30 PM

Cookies and Cake Production – Dual Credit Program

Course Code: TUA4T
Number of Potential Credits: 1
Location: Humber College – North Campus,
 205 Humber College Blvd. Toronto

Dates: Tuesday, July 2nd – Thursday, July 25th, 2019
Time: 9:00 AM – 1:30 PM

Introduction to Construction Trades – Dual Credit Program

Course Code: TSL4T
Number of Potential Credits: 1
Location: Sheridan College – Davis Campus,
 7899 McLaughlin Road, Brampton

Dates: Tuesday, July 2nd – Friday, July 26th, 2019
Time: 9:00 AM – 1:30 PM

Cancellation of courses:

DPCDSB reserves the right to cancel or alter any program/course without notice, if required, due to enrolment, change of policy, or availability of instructors/facilities. **Dufferin-Peel does not mail OR email out confirmations.**

Is there a dress code?

Students are expected to dress in a respectful and appropriate manner.

Medical Concerns

Participants in Adult and Continuing Education Programs must advise the administration and classroom teacher of any major health concerns/conditions and ensure an emergency contact number is available. Please indicate any allergies especially if anaphylactic.

Students on Suspension and Expulsion

Students who are suspended or expelled from Day School are also suspended or expelled from Night School, Secondary Summer School and International Language Programs. Aligned to Board policy, and where possible, students who are on long-term suspension (6 – 20 days), or expulsion, will be provided with opportunities to continue academic work at Archbishop Romero.

Public Transportation For information concerning public transportation, please call:



Any further questions please contact our office at: 905-362-0701 Ext. 50016 or via email: registerADCED@dpcdsb.org



Sheridan College Dual Credit Course Descriptor - Brampton
Dual Credit – SUMMER 2019

7899 McLaughlin Road, Brampton, ON L6Y 5H9

One Credit College Course
+ One *Additional* Credit in **Credit Recovery**
(Humanities course – ex. English, history, religion etc.)

Course Name: Human Relations – The Interpersonal Experience

College Code: HUMN16693G

Secondary School Code: BOA4T

Passing Grade: 50%

Credit Value: 1

Start Date: **Tuesday, July 2nd – Friday July 26th, 2019 (8:00 AM – 1:30 PM)**

Course Descriptor:

This course is designed to provide students with an introduction to principles and theories related to interpersonal communication. It takes an interdisciplinary approach that draws on principles of psychology, sociology, philosophy, and communications theory. This approach is based on the assumption that effective interpersonal communication is closely related to matters of personal growth and development. Topics include verbal and non-verbal communication processes, listening, perception, personality, motivation, leadership, defensiveness, conflict, stress, culture and gender.

**** *Transit tickets will be provided for students***

***** *A school board Dual Credit teacher will be assigned to coordinate and oversee students at the college***