



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](mailto:pathways@dpcdsb.org))  
**And to: SUMMER SCHOOL CON.ED ([registerADCED@dpcdsb.org](mailto: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 <b>AS OF DEC 31, 2018</b>
Presenting Gender M or F		

**SCHOOL INFORMATION**

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

Name of <b>Secondary School</b>	Name of School <b>Guidance Head</b>
Main Contact Teacher(s) for this Student	Name of <b>COLLEGE</b> and <b>CAMPUS LOCATION</b>

- |   |             |                              |                             |
|---|-------------|------------------------------|-----------------------------|
|   | <b>IEP</b>  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|   | <b>IPRC</b> | <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 <b>after either</b> having stopped attending for a semester, or had previously dropped out? |             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is this applicant a <b>Specialist High Skills Major (SHSM)</b> student?  |             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is this applicant registered as an <b>OYAP Participant</b> or has an <b>RTA</b> ?  |             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

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

HUMBER Student Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (HUMBER REGISTRAR'S USE ONLY)

Last Name	First Name	Middle Name

Address	Apt #

City	Province	Postal Code

Home Telephone	Emergency Contact Number	Student Email Address

Age	Birth Date YYYY-MM-DD	Gender

First Language	Preferred Language	Canadian Status (Citizenship)

 Name of Secondary School: \_\_\_\_\_

 Are you the first generation in your family to attend Post Secondary?  
 (*First generation means your parents, grandparents did not attend university or college*) 

 Do you have an IEP?  Are you planning to apply to attend College full-time in the near future? 

College Course Code e.g. PSYC003	Term (Fall or Winter)	Grade Currently Attending	# Credits Completed at High School
College Course Name:		Student OEN Number:	

**Conditions of Registration**  
**Tuition fees will be paid in full by funds from the Connecting G.T.A Teachers Planning Team**  
**Registrant's must comply with [Charter of Student Responsibilities and Rights](#)**

The information on this form is collected under the legal authorization of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M. 19:R.R.O. 1989, Reg.640. The information is used for the administrative, statistical, and research-related purposes of the College and/or ministries and agencies of the Government of Ontario and the Government of Canada.

I have read the above statement and I hereby authorize the release of all records related to my registration, attendance, and academic progress to the aforementioned as well my Parent/Guardian and Secondary School representatives.

By checking this box, I authorize the above-mentioned parties to contact me for the purposes of program follow-up and research relating to the dual-credit program.

Student Name (PLEASE PRINT)	Student Signature	Date

Parent/Guardian Name (PLEASE PRINT)	Parent/Guardian Signature	Date

Principal (or Designate) Name (PLEASE PRINT)	Principal (or designate) Signature	Date

## PHOTO AND TESTIMONIAL LICENSE FOR PROMOTIONAL USES

Thank you for volunteering to help us record and reflect student success at Humber!

By signing below, I grant The Humber College Institute of Technology and Advanced Learning (“Humber”), and its authorized agents, a perpetual, worldwide, royalty-free license to use my name or my child’s name (if a minor), photo(s) and/or audio, video, written testimonial, digital recordings, negatives, slides, prints or other electronic images (collectively “my Photographs”), solely to promote and advertise Humber’s programs and services in any format or medium or for other consistent purposes.

Humber may edit or annotate my Photographs without restriction and I waive any right to review or approve the finished copy or use. My Photographs may be used with or without identifying me by name or affiliation. I reserve the right to revoke my consent to Humber’s future use of my photographs or all or part of my Testimonial for the above purposes at any time by contacting those identified below, and agree that any revocation will not apply to already published promotional or advertising materials.

I certify that I am:

over the age of eighteen (18) years **or**  the parent or legal guardian

and acknowledge that I have read and understand the contents of this Consent and License pursuant to Ontario’s *Freedom of Information and Protection of Privacy Act*, I consent to the collection of my personal information in the form of my photographs and my name by Humber, its employees, agents and representatives to be used for the purposes and disclosed to third parties as described above.

**If student is over 18**, complete and sign below.

<b>Student Name</b>		<b>Telephone #</b>	
<b>Student Email</b>		<b>Humber Student ID</b>	
<b>Student Signature</b>			
Please sign here		Date	
<b>Connection to Humber:</b> <input type="checkbox"/> Dual Credit Student			

**If student is under 18**, complete and sign below with parent or guardian.

<b>Parent/Guardian Name</b>		<b>Telephone #</b>	
<b>Name of Student (minor)</b>			
<b>Student Email*</b>		<b>Humber Student ID</b>	
<b>Parent/Guardian Signature</b>			
Please sign here		Date	
<b>Connection to Humber:</b> <input type="checkbox"/> Dual Credit Student			

\* By entering my electronic contact information above, I consent to the collection, use and disclosure of the personal information provided as described in the Humber Privacy Policy, and I agree that Humber may contact me at the electronic contact information provided about scheduling of interviews and photoshoots, in relation to this license.

Internal:  
Academic School/Business Unit and Contact Name issuing this license: \_\_\_\_\_

## Please provide the following information:

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

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

Jacket Size: \_\_\_\_\_

Pant Size: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

- Your package includes: 1 chef jacket, 1 chef pant, 1 white waist apron, 2 blue side towels, 1 green neckerchief, 1 hairnet, 1 black chef hat, 1 name tag
- If you require replacement items at any time during your program this is at your own expense. Items can be purchased at Gourmet Express.
- You will receive the uniform at your orientation session

**FEMALE STUDENTS NOTE:**  
The chef jacket and pants are UNISEX, which means they are **made for a MALE BODY TYPE.**

We suggest you order at least one size smaller than you normally take in women's clothing.

### Chef Jacket:

Chest	32-36"	38-40"	42-44"	46-48"	50-52"	54-56"
Size	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2X</b>

### Chef Pant with Elastic Waist:

Waist	24-26"	28-30"	32-34"	36-38"	40-42"	44-46"
Hip	34-36"	38-40"	42-44"	46-48"	50-52"	54-56"
Inseam	30"	30"	32"	33"	34"	34"
Size	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2X</b>

## 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.

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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

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

The Dual Credit Program offered at **Humber 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 **Humber 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 **Humber College** including appropriate behaviour and respect for persons and property; **Humber 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 **Humber College**;
- work co-operatively and communicate in a positive manner with all instructors/teachers and peers.

**I understand that:**

- **Humber College** instructors, coordinators, administrators and staff from **Humber 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 **Humber 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](http://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.*

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 grades 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](http://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 – Hazel McCallion Campus, 4180 Duke of York Blvd., Mississauga

**Dates:** Tuesday, July 2<sup>nd</sup> – Friday, July 26<sup>th</sup>, 2019  
**Time:** 8:00 AM – 1:30 PM

***Cookies and Cake Production– Dual Credit Program***

**Course Code:** T1A4T  
**Number of Potential Credits:** 1  
**Location:** Humber College – North Campus, 205 Humber College Blvd.

**Dates:** Tuesday, July 2<sup>nd</sup> – Friday, July 25<sup>th</sup>, 2019  
**Time:** 9:00 AM – 12:35PM

***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 2<sup>nd</sup> – Friday, July 26<sup>th</sup>, 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](mailto:registerADCED@dpcdsb.org)





**Humber College Dual Credit Course Descriptor  
NORTH CAMPUS  
Dual Credit – SUMMER 2019**

**205 Humber College Boulevard, Toronto, ON M9W 5L7**

**One Credit Course**

**Course Name: Cookies and Cake Production**

**College Code: BAKE 102**

**Secondary School Code: TUA4T**

**Passing Grade: 50%**

**Credit Value: 1**

**Start Date: Tuesday, July 2<sup>nd</sup> – Thursday, July 25<sup>th</sup>, 2019 (9:00 AM – 12:35 PM)**

**Cookies and Cake Production**

Course Code: BAKE 102

Academic Year: 2019-2020

In this course, students will be introduced to the basics of Cake and Cookie production. Emphasis will be on recognizing and utilizing the common mixing methods and techniques used in the production of quick breads and cakes. Students will prepare and present a variety of leavened products like biscuits, muffins, cookies, cakes and breakfast items. Focus will be on organization and accuracy, reinforced through weekly recipe conversions, preparation of a detailed work plan and the compilation of a portfolio of all products made in class.

*\*\* Yellow school bus and/or transit tickets will be provided for students*

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