



Dufferin-Peel Catholic District School Board
DUAL CREDIT
FALL 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)
- 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 Savithri Srinivasan (Ext. 24104) 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 DEC 31, 2019**

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

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:

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

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

By signing below, you grant Humber College Institute of Technology & Advanced Learning (“Humber”), and its authorized agents, a perpetual, worldwide, royalty-free licence to use your name, 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 you waive any right to review or approve the finished copy or use. My Photographs may be used with or without identifying you by name or affiliation.

You reserve the right to revoke your consent to Humber’s future use of your name or all or part of your Testimonial for the above purposes at any time by contacting us below, provided that you agree that any revocation will not apply to already published promotional or advertising materials.

Humber College Institute of Technology & Advanced Learning

416-675-6622 ext

I certify that I am over the age of eighteen years and have read and understand the contents of this Licence and Consent. 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.

Name			Age:
Phone or Cell #			
Email			
Student ID # (if applicable)			
Signature			
Signature of parent/ legal guardian (if participant is under 18 years old)	Please sign here		Date
	Please sign here		Date
	Print name	Date	
<input type="checkbox"/> Full-time Student <input type="checkbox"/> Continuing Education (CE) Student <input type="checkbox"/> Staff/Faculty			

For internal office use only
Image filename cross-reference
Other references (optional)

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
- 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: 2019-2020

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