



# Dufferin-Peel Catholic District School Board

## DUAL CREDIT

### Fall 2015 Application Cover Sheet



## COMPLETED APPLICATION CHECKLIST

- Application Cover Sheet
- College Application & any other additional forms required by the college (i.e. College Media Release)
- Dufferin-Peel Code of Conduct Sheet
- Dufferin-Peel Media Release Form
- Copy of **CREDIT COUNSELLING SUMMARY**

- PDF the application to yourself first (recommended)
- *THEN* forward the E-mail to: PATHWAYS REGISTRATION MAILBOX ([pathways@dpccdsb.org](mailto:pathways@dpccdsb.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 Irene Mota (Ext. #24516), Dom De Marco (647-391-7232) 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 Cell Phone

\_\_\_\_\_  
Student Home Phone

\_\_\_\_\_  
Student E-mail

## 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 this student <b>at-risk</b> of not graduating in 4 years? (i.e. credit deficient)   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is this applicant a <b>Specialist High Skills Major (SHSM)</b> student?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is this applicant registered as an <b>OYAP Participant</b> or has a <b>RTA</b> ?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is this 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. Any additional information? Note here:   |                              |                             |

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(Seneca Student Number)

Last Name			First Name			Middle Name		
Apt./Unit			Address					
City/Town			Province			Postal Code		
Home Telephone				Emergency/Alternate Contact Number				
Date of Birth		Year	Month	Day	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Dual Credit Course Name</b>		
Canadian Status (Citizenship)				Course Code (College Code): _____			Semester: _____	

Name of Secondary School	<input type="checkbox"/>	YRDSB	<input type="checkbox"/>	TDSB	<input type="checkbox"/>	DPCDSB
	<input type="checkbox"/>	YCDSB	<input type="checkbox"/>	TCDSB	<input type="checkbox"/>	PVNCDSB
	<input type="checkbox"/>	PDSB	<input type="checkbox"/>	SCDSB	<input type="checkbox"/>	HCDSB

Secondary School Contact   Email address				<b>High School Status</b>		
Have you been identified through an Identification, Placement and Review Committee (IPRC) process?	Yes	No	Grade Currently Attending: _____			
	<input type="checkbox"/>	<input type="checkbox"/>	Credits Earned To Date: _____			
Do you have an Individual Education Plan (IEP)?	<input type="checkbox"/>	<input type="checkbox"/>				
Have you at any time dropped out of High School?	<input type="checkbox"/>	<input type="checkbox"/>				
Are you involved in a SHSM program?	<input type="checkbox"/>	<input type="checkbox"/>				

**Conditions of Registration**

- Tuition fees will be paid in full by funds from the School College Work Initiative
- Registrants must comply with Seneca's Student Rights & Responsibilities as outlined on <http://www.senecacollege.ca/studentconduct/rights-and-responsibilities.html>

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

The personal information collected on this form is in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act*, and under the legal authority of the *Ministry of Colleges and Universities Act*, R.S.O. 1990, Regulation 770, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03. The information is used for the administrative and statistical purposes of Seneca College and/or the ministries and agencies of the Government of Canada and the Government of Ontario. If you have any questions about the collection of your personal information, please contact Seneca College's Freedom of Information & Privacy Protection Officer at 416-491-5050 extension 2078.

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

Student's Signature	Date
Secondary School Representative's Signature	Date

Parent/Guardian's Signature	Date
(If under 18 years of age)	

# CONSENT TO USE PERSONAL INFORMATION

## Seneca College of Applied Arts and Technology

### *Waiver, Indemnity and Release*

I (**print your name**) \_\_\_\_\_, hereby consent to the use of my name, written testimonial, audio/video/photograph and student/employment status (graduate/program name/year of graduation/employer) by Seneca College of Applied Arts and Technology in the promotion of the College, its programs and initiatives in all media (print/broadcast/online etc.). As well, I consent to have this information shared by Seneca College with third parties for these same express purposes.

Seneca College is not responsible for the misuse or alteration of any such audio/video or photographs by third parties. I hereby release Seneca College and any of its officers, directors, agents, employees or servants from any and all actions, claims, loss or causes of action arising from the use or misuse of such images.

I am 18 years of age or older and I am competent to contract my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number (Staff extension – Students home number)

*In accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act, the personal information including images and recordings in connection with this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, and Regulation 770, and the Ontario Colleges of Applied Arts and Technology Act 2002, Regulation 34/03. If you have any questions about the collection of personal information, please contact Seneca College's Freedom of Information and Privacy Protection Officer at 416-491-5050 extension 2078.*

# Seneca

## Statement of Understanding Dufferin-Peel CDSB Dual Credit Program

The Dual Credit Program offered at **Seneca 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".

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 **Seneca College** and (where applicable) at arranged 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 **Seneca College** including appropriate behaviour and respect for persons and property; **Seneca 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 company and act responsibly on the bus/taxi/public transportation or my privileges may be withdrawn;
- abide by Health and Safety regulations at **Seneca College**;
- work co-operatively and communicate in a positive manner with all instructors/teachers and peers.

**I understand that:**

- **Seneca College** instructors, coordinators, administrators and staff from **Seneca College**, Dufferin Peel CDSB, and my secondary school may, as required, mutually share information about my behavior, attendance and academic performance or any issues related to the dual credit program. Any or all information may be disclosed to parents or guardian;
- if I have an Individual Education Plan, I am responsible for accessing the college's Student Accessible Services and self-identifying. No records will be shared with the college by the school board;
- if I do not use the busing or transportation provided, I will be responsible for arriving punctually at **Seneca College** on the arranged dates;
- supervision will not be provided on the bus. The bus company 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 strongly 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 instructor/teacher any medical condition which may 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;
- I must provide my instructor/teacher with updated contact or relevant health information should there be any change in the information I have provided;
- 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 yrs of age)

\_\_\_\_\_  
Parent/Guardian **Signature** (if student is under 18 yrs. 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.*

**Permission for Media Communications**  
**SCHOOL YEAR: 2015-2016**

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

- (1) Permission to photograph, videotape and interview me for purposes related to my **Seneca College** 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 **Seneca 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 **Seneca 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.

Schools cooperate with the media and other organizations, within reason, to encourage celebration of school achievements and the sharing of information about students and student work. However, we recognize that there are instances where a parent/guardian/yourself may not wish their child/children/themselves recorded.

**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.

\_\_\_\_\_  
Name of Student (Please Print)

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Adult Student (18 Yrs and Older)

\_\_\_\_\_  
Signature of Adult Student (18 Yrs and Older)

\_\_\_\_\_  
Date