

**GEORGE BROWN COLLEGE  
REQUIRED INFORMATION FOR REGISTRATION INTO  
GEORGE BROWN COLLEGE DUAL CREDIT PROGRAM:**



<b>Student First and Last Name</b>			
<b>Student Middle Initial</b>			
<b>Date of Birth (Month /DATE/Year)</b>			
<b>Student Email Address</b>			
<b>Home Address</b>			
<b>Apt/Unit</b>			
<b>Postal Code</b>			
<b>Home Phone</b>			
<b>Alternate Phone</b>			
<b>Emergency Contact Name</b>			
<b>Relation to Student</b>			
<b>Emergency Contact Number</b>			
<b>Student Identifying Gender</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>DUAL CREDIT COURSE NAME</b>			
<b>Student OEN Number</b>			
<b>Name of Current Secondary School</b>			
<b>Contact Teacher at Secondary School</b>			
<b>Contact Teacher Email Address</b>			
<b>Contact Teacher School Phone Number/Ext.</b>			
<b>Credits Earned to Date</b>			
<b>Have you been identified through an Identification, Placement, and Review Committee (IRPC) process?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Do you have a current Individual Education Plan (IEP)?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Have you at any time taken a leave from high school?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Are you in an SHSM Program?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, provide name:</i>	
<b>Are you a First Generation student?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, your parents <b>did not</b> complete a college, university or apprenticeship program in Canada)</i>	
<b>Who selected you for the program?</b>		<input type="checkbox"/> Co-op Teacher <input type="checkbox"/> SHSM Teacher <input type="checkbox"/> Student Success <input type="checkbox"/> Subject Teacher <input type="checkbox"/> Guidance Counsellor <input type="checkbox"/> Parent <input type="checkbox"/> Other	
<b>How did you hear about the Dual Credit program?</b>			
<b>Have you taken a Dual credit course before?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please indicate name of the course and college</i>	
<b>Have you applied to College?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please indicate the name of the college and the program name</i>	
<b>Student Signature</b> <i>(if student is 18 years of age or older)</i>		Date	
<b>Parent/Guardian Signature</b> <i>(if student is under 18 years of age)</i>		Date	



Make it happen.

# Dual Credit Program Consent Form

## Image Release

I hereby grant to George Brown College (the "College") the right and permission to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of images of me taken [insert date], for use in connection with the activities of the College or for promoting, publicizing or explaining the College or its activities. This grant includes, without limitation, the right to publish such images in the College newspaper, alumni magazine, and PR/promotional materials, such as marketing admissions publications, advertisements, fundraising materials, and any other College-related publications.

These images may appear in any of the wide variety of formats and media now available to the College and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, DVD, and electronic/online media.

## Office of the Registrar

### FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

The personal information on this form is collected under the legal authority of the Ontario College of Applied Arts and Technology Act 2002. The information is used for the administrative and statistical purposes of the College including but not limited to, Admissions, Registration and maintaining records, as well as Awards and Scholarships; Alumni and College Foundation administration functions and/or the Ministries or Agencies of the Government of Ontario and the Government of Canada. This information is being collected under Section 39 (2) and Section 42 of the Freedom of Information and Privacy Act of Ontario. If you have any questions or concerns related to the Freedom of Information and Privacy please contact the FOI Coordinator for the College at 416-415-5000 ext. 4646

This information is used for the administrative and statistical purposes of the College and/or Ministries and Agencies of the Government of Ontario and the Government of Canada.

All registrants must comply with George Brown College's Code of Conduction and Policies [www.georgebrown.ca/policies](http://www.georgebrown.ca/policies)

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

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

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature (or enter initials)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If student is under 18 years of age, enter guardian's initials)

\_\_\_\_\_  
Date

Students: Please provide your email address below so that the Dual Credit staff at George Brown College can send you important updates about your schedule, timetable and other course information.

Email address: \_\_\_\_\_

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.

# Statement of Understanding

## Dufferin-Peel CDSB & George Brown College Dual Credit Program

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

**I understand that:**

- **George Brown College** instructors, coordinators, administrators and staff from **George Brown 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 **George Brown 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.*

## MEDIA CONSENT FORM

SCHOOL: \_\_\_\_\_

SCHOOL YEAR: 2021-2022

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

**REMINDER:**

**ATTACH**

**CREDIT**

**COUNSELLING**

**SUMMARY**

