

APPLICATION FORM

Form must be completed **electronically** before sending to dual.credit@sheridancollege.ca. Consent form must be ***printed and signed*** by handwriting. We cannot accept applications that are incomplete. Thank you!

STUDENT INFORMATION			
First Name		Last Name	
Date Of Birth		Gender	
Home Address		Apt/Unit #	
City		Postal Code	
Phone #			
Email Address			
CONTACT INFORMATION			
Emergency Contact		Phone #	
Relationship			
SCHOOL INFORMATION			
Home School		OEN #	
School Board			
School Contact Name			
School Contact Signature:			
PROGRAM SELECTION			
Program	Day(s) Of The Week		
ADDITIONAL INFORMATION			
Have you graduated from secondary school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever taken time off from secondary school?		<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 considered to be (<i>select all that applies</i>):		Disengaged?	
		At risk of not graduating (<i>insufficient # of credits</i>)?	
		Unsure of your pathway <i>AFTER</i> high school?	

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 Access and Release of *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 & Protection of Privacy Act*.

Pursuant to section 42(1)(b) of the *Ontario Freedom of Information & Protection of Privacy Act*, I, _____, authorize The Sheridan College Institute of Technology & Advanced Learning (“Sheridan”) 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.

Note to Student/Parent(s)/Guardian(s): Sheridan does not provide any student accidental death, disability, dismemberment or medical expenses’ insurance on behalf of students participating in these activities. Sheridan Dual Credit Program students are referred to their Secondary School Board to seek student accident insurance options.

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

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student under 18 years old): _____

PHOTO CONSENT FORM

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 Sheridan where identity verification is a reasonable requirement. Questions with respect to this collection may be addressed to dual.credit@sheridancollege.ca.

Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student under 18 years old): _____

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: 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

