

SECTION 1: Applicant Information				
Student's <u>Legal First</u> Name:	Student's Middle Name:	Student's <u>Legal Last</u> Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Another gender identity <input type="checkbox"/> Prefer not to disclose
Phone Numbers:		Date of Birth:		Age at Dec. 31, 2021:
Home _____ Cell: _____	Month: _____	Day: _____	Year: _____	Age: _____
Mailing Address				
Civic#/Street #/Apt #/P.O. Box:		Street Name:		
City:		Province:	Postal Code:	
E-mail Address (provide an e-mail address that is checked regularly, students will be sent Dual Credit information via e-mail):				
Student's School Information:				
Secondary School Name:		School Board: <input type="checkbox"/> ALCDSB <input type="checkbox"/> CDSBEO <input type="checkbox"/> LDSB <input type="checkbox"/> UCDSB		
Is this student participating in OYAP? Yes <input type="checkbox"/> / No <input type="checkbox"/>				
Are you currently working towards a 'Specialist High Skills Major' (SHSM)? Yes <input type="checkbox"/> / No <input type="checkbox"/>		Are you the first in your family (Mother, Father) to attend a post-secondary institution? <input type="checkbox"/> Yes / <input type="checkbox"/> No		
Indigenous Status: <input type="checkbox"/> NONE <input type="checkbox"/> Inuit <input type="checkbox"/> Metis (Check only one) <input type="checkbox"/> Non-Status First Nation <input type="checkbox"/> Status First Nation <input type="checkbox"/> Other				

SECTION 2: For Completion by Guidance	
Student's current grade level:	Current # of high school credits:
Ontario Education # (OEN):	
Does the student have a current IEP? ( <i>Individual Education Plan</i> ) <input type="checkbox"/> Yes / <input type="checkbox"/> No	Has the student previously dropped out and returned to secondary school? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Does the student belong to the target group as per 'Selection Criteria For Admission to Dual Credit Programs'? (Description on SLCDual Credit Website under 'Guidance') <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Has the student ever been enrolled in a Dual Credit? <input type="checkbox"/> Yes / <input type="checkbox"/> No	

**Application Deadline: May 6, 2022**

*Students will be notified via e-mail if they have been accepted into the program.*

*All course descriptions can be found at: [www.stlawrencecollege.ca/dualcredit](http://www.stlawrencecollege.ca/dualcredit)*

This paper application is available to help schools with the registration process; however, only on-line applications will be accepted. Please contact [dualcredit@sl.on.ca](mailto:dualcredit@sl.on.ca) if you have any questions.

**SECTION 3: Please check  your selected program**

**CONGREGATED PROGRAMS (College classes which are made up of Dual Credit students only)**

Program Name	College Code	DC Code	Campus	Duration
<input checked="" type="checkbox"/> Stress Management <i>Alternative Delivery</i>	GENE 5	PPA4T	Tri-Campus	May 9 – June 14 Tuesday & Thursday 12pm – 3pm
<input checked="" type="checkbox"/> Professional Effectiveness <i>Alternative Delivery</i>	GENE 114	JEE4T	Tri-Campus	May 9 <sup>th</sup> – June 14 Tuesday & Thursday 9am – 12pm
<input type="checkbox"/> Welding Skills	MECT 102	TLL4T	Kingston	May 9 <sup>th</sup> – June 14 Monday & Wednesday 9:30am – 12:30pm
<input type="checkbox"/> Welding Skills	METC 102	TLL4T	Cornwall	May 9 <sup>th</sup> – June 14 Monday & Tuesday 9:30am – 12:30pm

Student Name: \_\_\_\_\_ School Board:  ALCDSB  CDSBEO  LDSB  UCDSB  
Program(s) Applied For: \_\_\_\_\_ Campus:  Brockville  Cornwall  Kingston



### STUDENT CONSENT:

Personal information submitted in this application is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the application, admission and registration process. Information will be shared with the Ministry of Training, Colleges and Universities and Ministry of Education and may be shared with individuals, organizations and institutions approved by SLC for program monitoring, research, marketing or funding purposes. I am aware that upon admission to the Dual Credit program, basic student information will be permanently retained by the College (name, address, gender, course, and status in Canada), in an electronic format. Further information regarding the Collection and Use of Personal Information and the Disclosure of Personal Information to Third Parties can be found in St. Lawrence College's Academic Policy document at the following website: <http://www.stlawrencecollege.ca/index.aspx?iPageID=17&iMenuID=2&iCurrID=43> I give consent to St. Lawrence College, my home school, and my school board to release my application and academic information to St. Lawrence College's SCWI/PASS Office and the School Board's Dual Credit Teacher.

I am aware that if I have an Individual Education Plan (IEP), this information will be shared by the school board's Dual Credit Teacher with SLC's Counselling and Access Ability Services to determine appropriate accommodations.

I authorize SLC and the Ministry of Education to photograph and/or videotape me, and to publish or broadcast such photograph(s) or video(s) of me through various media. I understand and agree that SLC is not responsible for the misuse or alteration of any such photograph/video by third parties. I hereby release SLC and any of its officers, agents, employees or servants from any and all actions, claims, loss or causes of action from the misuse of such images.

I acknowledge and give permission to travel to campus for college classes, attend classes outside and during high school hours (i.e. March Break and PA Days). I also acknowledge and give permission to attend field trips that are part of the college curriculum (notice of when and where will be given to the Dual Credit teacher) and to attend orientation outside of regular high school times and dates.

To be signed by the student participating:

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

To be signed by the student's guardian if under 18 years of age:

\_\_\_\_\_  
*Guardian's Signature*

\_\_\_\_\_  
*Guardian's Printed Name*

To be signed by Secondary School Guidance Counsellor/Contact:

\_\_\_\_\_  
*Name (Please Print)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

- I can verify that the information provided in this application is correct and complete.
- This form will be completed and will be stored in a secure location at student's homeschool. If this form needs to be sent to the St. Lawrence College Dual Credit office, it will be done so within 24 hours of request by St. Lawrence College.