

## Dual Credit Application Form 2017-18: Summer School

**Please complete all fields**

**Get both OSSD and College credits through a partnership between your school and Fanshawe, Mohawk, or Conestoga College**

**Application Date:**

Last Name:	First Name	Middle Initial____
Date of Birth (yy/mm/dd)	Address:	
Male____ Female_____	City_____	Postal Code_____
<b>OEN# ( Required)</b>	Home School:	
Primary Phone:	Emergency Contact:	
Student Cell:	Phone:	

Have you taken a Dual Credit before?    Y__ N__    If yes, what program?
Do You wish to self- Identify? Your response to this question is voluntary and will not affect your eligibility for Dual Credits. The information will be used for statistical purposes related to dual credit programs.
First Nations____ Metis____ Inuit_____

Please complete the chart below:

DC Course Name	College	Course Code	Location	Semester	DC Secondary Teacher
				Summer School	
				Summer School	

Do you give permission for staff to contact your parents/guardians in matters pertaining to your education\_\_\_\_\_ (for all students regardless of age)

Do you give permission for SCWI to use your success story and photo to help communicate about the program through a variety of medium (e.g. print, Internet, video)?\_\_\_\_\_

Notice of Collection: In accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act 1989. This information is collected under the legal authority of Section 265(1)(d) of the Education Act R.S.O. 1990c.E.2 as amended, and may be used as necessary for some or all of the following administrative purposes related to: the Board's operation, school programs and educational services ,student records, and Ministries of the Govt. of Ontario. If you have any questions please contact the School College Work Initiative Coordinator by visiting [www.scwigrandriver.com](http://www.scwigrandriver.com). For more information please visit the following link to review the IPC's Providing Notice of Collection.[http://www.ipc.on.ca/images/Resources/up-num\\_8.pdf](http://www.ipc.on.ca/images/Resources/up-num_8.pdf)

\_\_\_\_\_ Date \_\_\_\_\_

Student Signature Parent Signature  
(required if student is under the age of 18)

**Note:** Scan and e-mail completed forms to School Board designate: Leanne Smith: [Leanne.smith@granderie.ca](mailto:Leanne.smith@granderie.ca) or Terre Slaght: [tslaght@bhncdsb.ca](mailto:tslaght@bhncdsb.ca). Original signed copies must be stored as per board directives.

# Selection Criteria for Admission to Dual Credit Programs

## To be completed by the school

Student Name: \_\_\_\_\_ School \_\_\_\_\_

Please check the appropriate boxes to indicate how suitability has been determined:

\*\*\*Students would qualify for the program if any indicator of disengagement or underachieving is present, as well as some evidence that the student demonstrates the potential to succeed.

### Evidence of disengagement for this student:

- Lacks confidence in the ability to succeed
- Unsure of pathway beyond secondary school
- In need of career clarification
- Sees little connection between secondary school program and preferred future
- Numerous absences
- Has already or is at risk of dropping out
- Out of school but reluctant to return to school for non-academic reasons
- Lack of involvement/engagement in school or community activities

### Evidence of underachieving for this student

- Under-credited: not on track to graduate
- Over age for grade level
- Was making progress, but progress has slowed
- Marks in current courses are declining

### Evidence of Potential for this student

- Completed most, if not all, compulsory credits
- Graduation within reach in one year (e.g. 22 credits or more)
- Issues that were previously preventing success have been or are being addressed
- Interest in/commitment to/readiness for the DC program
- Motivated to improve skills and work habits
- Some evidence of independent learning skills
- Appropriate maturity level
- Demonstrates progress, motivation, or skills in activities outside the school setting
- Some demonstrated success in "C", "M" or "U" courses

Does the student have an IEP? If so, please attach	Y	N
Is the Student participating in a SHSM?	Y	N
Is the student an OYAP participant?	Y	N
Will the students be in a Coop while attending the dual credit?	Y	N
Is the student aware that DC programs provide pathways to College? ( Not for U bound students)	Y	N
Is this student approved for entry into the Dual Credit program by the Student Success Team?	Y	N

Why would the student benefit from this program? \_\_\_\_\_

Referring Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please scan/fax completed application forms and send via e-mail to school board designates:**

[leanne.smith@granderie.ca](mailto:leanne.smith@granderie.ca)

or

[tslaght@bhncdsb.ca](mailto:tslaght@bhncdsb.ca)