



TCDSB Dual Credit Program Registration and Consent Form



Personal Information

Student Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Age: _____ Birth Date: _____ Gender: _____ Grade: _____ Session: _____
DD-MM-YYYY F/M 11/12 FALL/WINTER YYYY

Ontario Education Number (OEN): _____ Home Phone: _____

Student Email: _____ Student Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Do you have any allergies or medical conditions that the college should be aware of? YES NO
(e.g., if student has food allergy and intends to register in a culinary or baking program)

If yes, please explain: _____

Do you have an Individual Education Plan (IEP)? YES NO Are you in an SHSM program? YES NO

Have you left school before graduating and returned? YES NO Are you in an OYAP program? YES NO

Are you first generation in your family to attend college? YES NO Have you obtained the OSSLT requirement or passed OLC40? YES NO

Day School Information

High School: _____ Contact Teacher: _____

College Dual Credit Course Information

College: _____ Course Name: _____
(George Brown, Centennial, Humber, Seneca)

Day / Time at the College: _____ Ministry Course Code: _____

Conditions of Registration:

Students must meet eligibility criteria as outlined in *DUAL CREDIT PROGRAMS: Policy and Program Requirements, 2013* (www.ontario.ca)
Seat availability in the Dual Credit Program is limited. Applicant eligibility does not guarantee admission into the program.
All fees, including tuition and supplies, will be paid in full by The Ontario Ministry of Education (MTCU/SCWI).
Students must comply with the colleges' specific academic and behavioural policies, as outlined on their websites.

Continue to back page (p.2) for consent / signature. Please email to Sandra.Caravaggio02@TCDSB.org when complete.

Consent to Participate in Dual Credit Program

By signing below, I verify that I have read and understood the Toronto Catholic District School Board Code of Behaviour (www.tcdsb.org), and agree to comply with its policies and procedures while participating in the Dual Credit Program.

I agree to travel to and from the college on the designated class days for the duration of the Program. I understand that I must remain registered in my Secondary School and manage my Secondary School workload in order to remain in the Dual Credit Program, and that I can be withdrawn at any time for non-attendance and/or improper conduct, at the sole discretion of the College and/or the School Board.

I authorize the sharing of all records related to my registration, attendance, conduct, and academic progress between the College, the Toronto Catholic District School Board, the Ministries or Agencies of the Government of Ontario, my parent(s)/guardians, and/or Secondary School representatives, as required.

Student Name (PLEASE PRINT)

Student Signature

Date

Parent/Guardian Name (if student under 18)

Parent/Guardian Signature

Date

Teacher Contact Name (PLEASE PRINT)

Teacher Contact Signature

Date

Media Consent

By signing below, I grant the Toronto Catholic District School Board ("TCDSB") and its authorized agents and partnering Colleges, a perpetual, worldwide, royalty-free license to use my name or my child's name (if a minor), photo(s) and/or audio, video, written testimonial, digital recordings, negatives, slides, prints, or other electronic images (collectively "my Photographs"), solely to promote and advertise the Dual Credit Program and TCDSB's programs and services in any format or medium or for other consistent purposes.

TCDSB may edit or annotate my Photographs without restriction, and I waive any right to review or approve the finished copy or use. My Photographs may be used with or without identifying me by name or affiliation. I reserve the right to revoke my consent to TCDSB's future use of my Photographs or all or part of my Testimonial for the above purposes at any time by contacting those identified below, and agree that any revocation will not apply to already published promotional or advertising materials.

Student Name (PLEASE PRINT)

Student Signature

Date

Parent/Guardian Name (if student under 18)

Parent/Guardian Signature

Date

Sandra Caravaggio

Central Dual Credit Teacher Name

Central Dual Credit Teacher Signature

Date

The information on this form is collected under the legal authorization of the Education Act and the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M. 19; R.R.O. 1989, Reg. 640. The information is used for the administrative, statistical, and research-related purposes of the Toronto Catholic District School Board, the College, and/or Ministries and Agencies of the Government of Ontario & Government of Canada.

STUDENT: Please ensure that all information requested on this form is provided. Then return the form, complete with signatures, to your Secondary School Contact Teacher for processing.

SECONDARY SCHOOL TEACHER: Please collect completed form, scan, and email, along with all related College Registration documents, to Central Dual Credit Teacher. (Scheduling instructions and attendance updates will follow within two weeks of the Dual Credit course start date.)