



# Winter 2021



## Dual Credit Application Form

Please fill in ALL fields

### Student Information:

Legal First Name:	Legal Last Name:		
Preferred Name(s):	Birth Date (mm/dd/yy):	Male	Female
Address:	City:	Postal Code:	
Primary Phone:	Student's Cell:		
E-mail Address:			
Have you taken a dual credit before?	Yes	No	If yes, what college?
Do you wish to self-identify as a member of a designated group? 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	Persons with Disabilities
			Member of Visible Minority
			Francophone

### Emergency Contact:

Name:	Phone:
Relationship:	Alt. Phone:

### Home School:

School Board:	School:
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#### Thursday 9:00am – 11:00am (Additional 30 minutes asynchronous)

First Choice:

Second Choice:

Third Choice:

#### Friday 9:00am – 11:00am (Additional 30 minutes asynchronous)

First Choice:

Second Choice:

Third Choice:

#### Friday 12:00pm - 2:00pm (Additional 30 minutes asynchronous)

First Choice:

Second Choice:

Third Choice:

# Dual Credit Program Authorization & Consent Statement

## STUDENT INFORMATION CONSENT (mandatory)

The information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, Ontario Regulation 34/03. The information is used for the promotional, administrative, academic and statistical purposes of the college and/or the ministries and agencies of the Government of Ontario and the Government of Canada.

I give consent to Lambton College, my home school, and my school board to release my application, academic information and any other information relating to my dual credit course between Lambton College and the School Board.

I am aware that if I have an Individual Education Plan (IEP) and/or Medical Management Plan that this information may be shared by the school board's Dual Credit Teacher with Lambton College's Student Services to determine appropriate accommodations.

I am aware that upon admission to the Dual Credit program, basic student information will be permanently retained by the College in an electronic format.

I give my consent for the student named in this application to be transported by Lambton College and will assume all liability for my/their participation in this dual credit course and any injury that may result during the transport or at the college. I also understand that some courses may involve field trips that take students off the college campus.

Lambton College is required to report student-level enrolment-related data to the Ministry of Training Colleges and Universities under the authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6. The Ministry collects this data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities.

## STUDENT MEDIA RELEASE (optional)

I allow Lambton College and my School Board to use

- my name
- a photograph of me
- a recording of my voice
- a description of me
- a video, an electronic or other image of me
- a quotation or summary of my opinion

for the uses described below:

- advertising on television, radio, internet, or newspaper
- information (e.g. brochure, fact-sheet, poster or other display material)
- communications materials (e.g. speeches, news releases, backgrounders)
- web, internet, intranet based communications materials

Please check this box if you object to the above Media Release

Personal information collected pursuant to this form is collected in compliance with section 38(2) of the Freedom of Information and Protection of Privacy Act. The information will be used for purposes described on this form and for no other purpose.

I hereby release Lambton College, my school board and any of their associates or affiliates, their governors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

To be signed by student AND guardian if student is under eighteen (18) years of age:

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Student Name (please print)	Signature	Date
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Parent/Guardian Name (student under 18)	Signature	Date
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If you have any questions about the collection, use or disclosure of this personal information, contact Sandy Boldt at 519-542-7751 ext 3485 or [sandy.boldt@lambtoncollege.ca](mailto:sandy.boldt@lambtoncollege.ca).

# Counsellor Form

Legal First Name:

Legal Last Name:

Student OEN:

School:

## Required Student Data

Select the dual credit selection criteria\* this student belongs in (select all that apply):

Primary Target Group

SHSM Student

OYAP Student

\*See ministry selection criteria document: [http://www.scwi.ca/docs/Appendix\\_Selctn\\_Criteria\\_Admit\\_DC\\_Pro-EN.pdf](http://www.scwi.ca/docs/Appendix_Selctn_Criteria_Admit_DC_Pro-EN.pdf)

Has this student previously dropped out and returned to secondary school?	Yes	No
Has this student ever been identified through an Identification, Placement, and Review Committee (IPRC) Process?	Yes	No
Does this student have a current Individual Education Plan (IEP)?  <b>Please Note:</b> If classroom supports are necessary, it is the responsibility of the school board to communicate those needs to the College prior to intake in order to ensure a smooth transition. <b>There are no modifications or alterations of the outcomes for College courses.</b>	Yes	No
Has this student ever been designated as exceptional?	Yes	No
Has programming ever been modified for this student?	Yes	No
Has this student ever been identified with behavioral problems? If yes, please provide any additional information/notes to the College prior to intake.	Yes	No
Student's grade level at the time that they would be enrolled in the dual credit:	11	12
Actual # of credits earned as of:      Sept 1      Feb 1		
Projected # of credits at the end of the current semester:		
Will the student be in a Coop while attending the dual credit?	Yes	No
Is this student approved for entry into the Dual Credit Program by the Student Success Team?	Yes	No

\_\_\_\_\_  
School Principal or other authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title