



FAX TRANSMITTAL COVER PAGE

Dual Credit Applications Checklist

Before submitting application to the Education Centre please ensure you have all the following information included or attached.

REQUIRED INFORMATION	
Student Name:	School:
Referring Student Success Team member:	
Team member telephone number:	Team member email:
CHECKLIST	
<input type="checkbox"/> All required fields of information on form filled in—and legible. <input type="checkbox"/> Current Grade	
<input type="checkbox"/> # credits when starting Dual Credit	
<input type="checkbox"/> OEN	
<input type="checkbox"/> SIN (if being registered for apprenticeship in the Employment Ontario Information System)	
<input type="checkbox"/> Transcript	
<input type="checkbox"/> IEP <input type="checkbox"/> not applicable	
<input type="checkbox"/> OYAP Application <input type="checkbox"/> not applicable	
<input type="checkbox"/> School Guidance Counsellor Signature	
<input type="checkbox"/> Student Signature(s)	
<input type="checkbox"/> Parent/ Guardian Signature(s) when applicable	

*If this is an OYAP student who will be entering into a Training Agreement, three (3) copies of this document will be sent to your school. All 3 copies must be signed by the student and parent/ guardian. These 3 copies must then be returned to the Education Centre to be forwarded to the MTCU. The Ministry will obtain the employer's signature.

Number of pages to follow: _____ (including cover page)

Original to Follow: Yes No



Referral Form for Admission to Dual Credit Programs

To be completed by referring Student Success Team Member.

Student belongs to target group (check all that apply):

- SHSM Which Sector? _____
- OYAP Which trade? _____
- At Risk (Disengaged and/or underachieving with potential to succeed)

Suitability Determined through:

- Student Application Review of OSR/ credit counseling summaries
- Interview
- Recommendations of teachers
- Discussion with school team of best fit between interests, strengths, and needs of the student and range of options available
- Other _____

Evidence of Disengagement:

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

Evidence of Underachievement:

- Under- credited; off track to graduate in 4/5 years
- Over age for grade level
- Was making progress, but progress has slowed
- Marks in course declining
- Not submitting assignments on a consistent basis
- Other _____

Pathway:

- Student has the ability to succeed in a college-level course
- Student has completed or will be completing a 12 college level English course

References: (Complete one)

- Letter of reference attached
- Referred By: _____
Comments:

*Winter Application Deadline (all campuses) - Friday, November 18, 2011
** All course descriptions can be found at http://dualcredit.squarespace.com/slc_welcome under "Program by Campus"

Applicant Name: _____

School: _____ School Board: _____

✓ DUAL CREDIT COLLEGE TAUGHT: Please select program, campus and semester

CONGREGATED PROGRAMS

Program Name	Dual Credit Code	College Code	Campus	Semester	School Boards
<input type="checkbox"/> Addictions	PPA4T	GENE 53	Kingston	Winter Feb - May	All area school boards
<input type="checkbox"/> Esthetics - Manicure Lab & Theory	TXL4T	ESTH 12 & ESTH 101	Kingston	Winter Feb - May	All area school boards
<input type="checkbox"/> Musical Theatre Productions	AHB4T	MUTH 10	Brockville	Winter Feb - May	All area school boards
<input type="checkbox"/> Taste of the Trades	TBA	TBA	Cornwall	Winter April - Jun	UCDSB & CDSBEO

TOP-UP PROGRAMS

Program Name	Dual Credit Code	College Code	Campus	Semester	School Boards
<input type="checkbox"/> Triple Play Credits * Please complete the course request section below	Please see Triple Play course choices available in your guidance office or online at: http://dualcredit.squarespace.com/slc_welcome		<input type="checkbox"/> Brockville <input type="checkbox"/> Cornwall <input type="checkbox"/> Kingston	Winter Jan - April or May	All area school boards

TRIPLE PLAY Course Selection- All Campuses:

1st Choice | College Course Code: _____ Course Name: _____
 2nd Choice | College Course Code: _____ Course Name: _____

SELECTION PRIORITY

If you have selected more than one program, please indicate your 1st choice:
 Program/Course Name: _____

✓ LIMESTONE DSB FOCUS/DUAL CREDIT PROGRAM: Please select the focus program you have been accepted into with the Limestone DSB

Program Name	HS Credit	College Credit	Campus	Semester	School Boards
<input type="checkbox"/> Integrated Marketing & Communications – IMC @ SLC	3 of: BMI3C, BTX40, EBT40 TDJ4M. & 1 Coop credit	MCOM 1 MCOM 12 MARK 101	Kingston	Winter Feb - June	LDSB/La Salle SS
<input type="checkbox"/> P.R.E.P- Preparing Responsible Employees & Parents	HFC4T	GENE 36	Kingston	Winter Feb - June	LDSB/Ernestown SS

***Kingston Winter Application Deadline – Thursday, December 15, 2011**

**** All course descriptions can be found at http://dualcredit.squarespace.com/slc_welcome under “Program by Campus”**

Applicant Name: _____

School: _____ School Board: _____

✓ OYAP REGISTRATION INFORMATION

- An OYAP/Dual Credit student is currently working towards the completion of their Ontario Secondary Graduation Diploma (OSSD) and requires additional credit(s) to graduate or they have earned their OSSD and are prepared to consider an apprenticeship as a destination of choice.
- Student should be Grade 12 or year 5.
- Students must be enrolled in coop & signed with an employer through their OYAP Coordinator or Coop teacher before the start of the program.
- Students must be registered with MTCU.
- All programs are 240hrs.
- Please note some programs will be in an 8-10 week block and will run daily. Others will be run 1 or 1.5 days/week throughout the school year.

✓ DUAL CREDIT COLLEGE TAUGHT: Please select your program below

Level I Apprenticeship Programs	Campus	Semester/Dates	Participating School Boards
<input type="checkbox"/> <i>Brick & Stone Mason</i>	Kingston	Winter Feb. – April (Daily, 10wks)	All area school boards
<input type="checkbox"/> <i>General Carpenter</i>	Kingston	Winter Feb. – April (Daily, 10 wks)	Open to ALCDSB, CDSBEO, HPEDSB & UCDSB

✓ LIMESTONE DSB FOCUS/OYAP DUAL CREDIT PROGRAM:

Please select the focus program you have been accepted into with the Limestone DSB

Level I Apprenticeship Programs	Campus	Semester/Dates	Participating School Boards
<input type="checkbox"/> <i>Limestone Construction Internship OYAP Focus Program - General Carpenter Level 1 Apprenticeship</i>	Kingston	Winter Feb. – April (Daily, 10 wks)	LDSB

Personal Information					
Student's <u>First</u> Name:		Student's <u>Last</u> Name:		Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
				Ontario Education # (OEN):	
Street #:	Street Name:	Apartment:	Phone Numbers:		
			Home: _____		
			Cell: _____		
City:		Postal Code:	Date of Birth		Age as of Sept. 2011:
			Month:	Day:	
E-mail Address (please print clearly):					
Are you enrolled in Co-op? No <input type="checkbox"/> / Yes <input type="checkbox"/> If YES: <input type="checkbox"/> AM / <input type="checkbox"/> PM / <input type="checkbox"/> Both					
Are you currently working towards a Specialist High Skills Major (SHSM)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, which SHSM Sector? _____					
Have you previously attended St. Lawrence College? No <input type="checkbox"/> / Yes <input type="checkbox"/> If yes, a) What was your 7 digit St. Lawrence College Student number? _____ b) Indicate the last name you were registered under (if different): _____ c) Year you previously attended St. Lawrence College: _____					
Status in Canada: (check all that apply)					
<input type="checkbox"/> Canadian Citizen, born in Canada		<input type="checkbox"/> Visa student			
<input type="checkbox"/> Canadian Citizen, born outside Canada		<input type="checkbox"/> Refugee Status			
<input type="checkbox"/> Landed immigrant/permanent resident		<input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> First Nations, North American Indian, Inuit, Métis, etc					
Are you the first in your family (Mother, Father) to attend Post Secondary? <input type="checkbox"/> Yes / <input type="checkbox"/> No					
Are you interested in attending College? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, are you planning to apply to College for the 2012/13 school year? <input type="checkbox"/> Yes / <input type="checkbox"/> No If yes, will you be applying to St. Lawrence College? <input type="checkbox"/> Yes / <input type="checkbox"/> No					

<i>* Student Information – To be completed by a Guidance, Student Success, Coop teacher or OYAP teacher who is coordinating dual credit participation for your high school</i>	
Student's current grade level:	Number of credits when starting Dual Credit:
Will the student be eligible to graduate at the end of the semester? <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Already Graduated	Has the student previously dropped out and returned to secondary school? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Has the student been identified in an IPRC (Identification, Placement, Review, Committee)? <input type="checkbox"/> Yes / <input type="checkbox"/> No	Does the student have a current IEP (Individual Education Plan)? <input type="checkbox"/> Yes / <input type="checkbox"/> No
Has the student met the Ontario Literacy Graduation Requirement? <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'? (see School Board Application Form Checklist – THIS IS FOR DATA PURPOSES ONLY) <input type="checkbox"/> Yes / <input type="checkbox"/> No	



Dual Credit Program Authorization and Consent Form



Please read & complete both of the Consent Forms:

1. Ontario Provincial Ministry of Education form
2. Authorization for Release of Student Information form

1. Ontario Provincial Ministry of Education Consent Form



Ontario's Student Success initiative aims to help more students achieve their full potential and obtain a high school diploma. The initiative includes expanded programs that support learning and achievement for all students, based on their individual needs, interests and skills. Dual Credit Programs are one way to customize student learning with exposure to the college environment. These are ministry-approved programs that allow students, while they are still in secondary school, to take college or apprenticeship courses that count towards the Ontario Secondary School Diploma (OSSD) and a postsecondary certificate, diploma, or degree, or an apprenticeship certification.

The Ministry would like to use information about you and your school/work experiences or your work with students, including experiential learning, to help communicate information to students, their parents and the broader public, using some of the tools listed below. This form is asking for your permission to do just that. It lets you tell us how much public exposure you are comfortable with: none, a little or a lot.

- I DO NOT allow the Ministry of Education and its authorized contractors acting on behalf of the Ministry to use or share any information about me to raise awareness about student engagement in Ontario schools.

OR

- I DO allow the Ministry of Education and its authorized contractors acting on behalf of the Ministry to use (tick all that apply):

- my first name
- my last name
- a description of me, including but not limited to my school/work or college experiences, including experiential learning
- a photograph of me taken during my school/work or college experiences, including experiential learning
- a description of my opinion of my school/work or college experiences, including experiential learning, that I expressed in writing or orally
- other - specify _____

For the uses described below, and for no other purpose

Communications materials (e.g. news releases, backgrounders, speeches, videos, photos) that may be released to the media (television, radio, newspaper, etc.) with the purpose of: increasing public awareness and knowledge about programs in Ontario schools, communicating the importance of Student Success initiatives including Dual Credit Programs, and obtaining a high school diploma. These materials may be housed on the Ministry's public website or on the Ontario Government's Newsroom, which is a public website.

Publications and promotional materials to be publicly distributed with the purpose of: increasing public awareness and knowledge about programs in Ontario schools, communicating the importance of Student Success initiatives including Dual Credit Programs, and obtaining a high school diploma (e.g. PDF or html versions of articles, interviews, printed brochures, fact-sheets, posters, videos and other display material). These materials may be housed on the Ministry's public website or on the Ontario Government's Newsroom, which is a public website.

I understand that by signing this Release, I am giving the Ministry and its authorized contractors the right to photograph, record on film, videotape, audiotape or record on any other audiovisual or electronic medium, my voice, likeness and person and granting also the non-exclusive and perpetual and worldwide right, licence and privilege under copyright or any other right or licence enjoyed by me to use, broadcast, cablecast, web cast, reproduce and distribute the above for the uses and in the formats I selected. I agree that I will not at any time make any claim for additional compensation in respect of such uses, and waive any right to inspect or approve the finished video recordings, audio recordings, photographs or other promotional or communications materials.

I understand that by signing this **Consent** I am permitting personal information about me to be used and disclosed to the Ministry, its editorial board and its contractors and to be used and disclosed in promotional events, activities and materials which will be widely circulated. I also understand that the recordings, photographs, publications and promotional and communications materials may be posted on the public website of the Ministry of Education at www.edu.gov.on.ca and on Newsroom at <http://news.ontario.ca/newsroom/en/>. The Ministry's public website and Newsroom can be used by anyone who accesses the websites and I understand that if consent were withheld this use would not occur. I understand that the Government of Ontario does not have control over nor is responsible for the use or misuse of materials on the websites, including my photograph, story, and video or audio recordings of me.

I acknowledge that I have freely and voluntarily provided or permitted my personal information to be collected, used and disclosed by the Ministry and its authorized contractors without payment to me. *Personal information collected pursuant to and on this Release and Consent will be used and disclosed for the purposes described and for no other purpose. The Ministry and its authorized contractors may also use your contact information to contact you regarding this Release and Consent or to ask you for additional releases and consents. The Ministry collects this personal information under s. 8.1 of the Education Act, R.S.O. 1990, c. E.2, as amended. If you have any questions about the collection, use or disclosure of this personal information, please contact: Director, Student Success/Learning to 18, Ministry of Education, 900 Bay Street, 4th floor Mowat Block, Toronto, Ontario M7A 1L2, 416-325-0951. You have the right to revoke your consent to the future use of your personal information and the photographs, videos, other recordings and materials by writing to the Director.*

I have read this Release and Consent after it was completed and I understand its contents.

2. Authorization for Release of Student Information

St. Lawrence College abides by the Confidentiality of Student Records policy, which protects the privacy of personal information held on student records. This policy is now supported by the Freedom of Information and Protection of Privacy Act which came into effect January 1, 1989.

In compliance with the Freedom of Information Act, Section 42 (b), St. Lawrence College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you.

***Collection and Use of Personal Information**

St. Lawrence College collects personal information under the authority of the Ontario Colleges of Applied Arts and Technology Act, (S.O. 2002). All personal information provided to the Registrar's Office and placed into the official student record will be collected, used, disclosed, and retained in accordance with Ontario's Freedom of Information and Protection of Privacy Act, (R.S.O. 1990).

Student personal information is collected for the purposes of: admissions, registration, enrolment, financial aid, student accounts, other administrative activities related to our programs, and other fundamental activities related to being a member of the St. Lawrence College community.

This personal information is used to administer and operate academic, athletic, recreational, student financials, and other College programs and activities, including residence operations and alumni fundraising activities. Such activities include, but are not limited to: determining academic status, recording academic achievement, producing class lists, issuing student cards, processing transcript requests, maintaining tuition accounts, issuing tax receipts, notifying students of important issues and updates, determining eligibility for student awards, scholarships and financial support, and administering financial aid and government financial assistance programs.

***Disclosure of Personal Information to Third Parties**

Personal information will only be disclosed to third party requestors with the expressed written consent of the student, or in compliance with the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Protection Act (PHIPA).

Accordingly, personal information may be disclosed as follows:

- To College employees only as it is required in the performance of their duties. Only information which is necessary and proper in the discharge of the College's functions will be disclosed.
- In an emergency or other urgent circumstance, personal information (including personal health information) may be disclosed as appropriate. The application of this exception will be very limited, and the utmost discretion will be applied when determining the scope and necessity of this disclosure.
- Please be aware that the College is also involved with a number of programs initiated by the Ministry of Training, Colleges, and Universities, which may involve disclosure for the following: Key Performance Indicators (KPI) surveys are conducted yearly to students, graduates and employers. To facilitate the graduate portion of this survey, a third party research firm is commissioned. Basic personal contact information is provided to this firm, which may include graduate name, home phone number, and personal email address.
- Personal information may also be disclosed to the Ministry for the purposes of determining eligibility for government grants and for the administration of these grants and other financial assistance programs.

School Board: _____

SLC Program Name: _____

Signatures are to be affixed in the appropriate space provided below:

PLEASE PRINT CLEARLY,

I, _____
(Name of Student)

read this form and understand its contents. I give my consent to St. Lawrence College and to my home school to release the following information (e.g. application information, confirmation of registration, program of study courses, academic records, Individual Education Plan information etc.) as requested, to the *Coordinator of DUAL CREDIT Program* and the *Dual Credit Teacher or Focus Program Teacher assigned by the School Board*. 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 on pages 28 and 29 at the following website: <http://www.stlawrencecollege.ca/index.aspx?iPageID=17&iMenuID=2&iCurrID=43> or see *asterisks on page 5 of this application form.

To be signed by the individual named above:

Student's Signature

Date

Print Student Name

To be signed by a parent or legally appointed guardian of individuals under eighteen (18) years of age:

Signature

Date

Print Name

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.

To be signed by Secondary School Guidance Counsellor:

Name (Please Print)

Email

Phone

Signature

Date

Other Comments:



Section 1: Program Participation

Name of School		Preferred First Name	
Last Name		First Name	Middle Initial
Trade/Occupation	TOSS Code (if known)		Ontario Education Number (OEN)
Date of Birth (yyyy/mm/dd)	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Education Level
Home Telephone No.		Business Telephone No.	Cell Telephone No.
Email Address			
Unit No.	Street No.	Street Name	PO Box
City/Town		Province	Postal Code

Additional Information

Required Documentation Verified

Transcript School Board Verification Form

Notice of Collection of Personal Information and Consent

The Ministry of Training, Colleges and Universities (Ministry) provides funding to your school board to offer OYAP, in part from funds provided by Canada under the Labour Market Agreement ("LMA") between Canada and Ontario.

The goal of OYAP is to increase the high school graduation rate and to increase apprentice registrations to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the Ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the LMA. The Ministry will collect relevant personal information indirectly from your school board and employer/ sponsor for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP. The Ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP.

Depending on your trade, the Ministry collects, uses and discloses your personal information under the authority of the Trades Qualification and Apprenticeship Act, R.S.O. 1990, c. T.17 as amended and R.R.O. 1990, Regulation 1055 or the *Apprenticeship and Certification Act, 1998*, S.O. 1998, c. 22 and O. Reg. 566/99, as amended; and s. 266.3(3) of the *Education Act*, R.S.O. 1990, c. E.2, as amended and s. 2 of O.Reg. 440/0.

Questions about the collection, use and disclosure of this information may be addressed to the Director of Apprenticeship, Ministry of Training, Colleges and Universities, 900 Bay Street, 23rd floor Mowat Block, Toronto, Ontario M7A 1L2 or by phone at 1-800-387-5656.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant	Signature of Parent (if under 18)	Date (yyyy/mm/dd)
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Section 2: Request for Registration

(To be completed only when applying to be registered as an apprentice)

By completing this section you confirm that the sponsor / employer has been notified that a request for registration is being submitted to the Ministry of Training, Colleges and Universities and that the employer agrees to register the apprentice.

Please check off the box below:

Yes the employer has been notified

Last Name		First Name	Middle Initial
Ontario Education No.		Social Insurance Number	

Sponsor/Employer Information

Sponsor/Employer ID (if known)		Sponsor/Employer Name		Sponsor/Employer Telephone	
Unit No.	Street No.	Street Name			PO Box
City/Town			Province	Postal Code	
Start Date of Coop placement (yyyy/mm/dd)			Hours per week		

Notice of Collection of Personal Information and Consent

Your personal information on this form and in all other communications related to apprenticeship, trade certification and related programs will be used by the Ministry to administer and finance Ontario's apprenticeship and trade certification system (the "System"). The Ministry will collect relevant personal information directly from you and indirectly from your school board, employer/sponsor, training institution and Canada for these purposes and may also disclose your personal information to these organizations. The Ministry may use the services of other Ontario ministries, contractors and auditors to administer and finance the System. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to the System.

Administration includes assessing and verifying your eligibility for apprenticeship; registering you as an apprentice and maintaining your file; providing financial assistance to you and training delivery providers; ensuring that you receive appropriate training; evaluating, monitoring and auditing your progress in your training and the activities of your employer, sponsor and training institution; enforcing your agreements with the Ministry and the legislation set out below; enforcing the agreements between the Ministry and your employer, sponsor and training institution; conducting inspections and investigations; detecting, monitoring and preventing fraud; and conducting policy analysis, evaluation and research related to all aspects of Employment Ontario programs and services, including the System.

The System is partly funded by Canada under Part II of the *Employment Insurance Act* (EIA). Under the Labour Market Development Agreement (LMDA) between Canada and Ontario, the Ministry must collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program under s. 3 of the EIA.

The Ministry may disclose your personal information to the Ministry of Labour to enforce workplace health and safety. The Ministry may be required to disclose your personal information to Statistics Canada, under s. 13 of the *Statistics Act*, R. S. 1985, c. S-19, as amended.

The Ministry may disclose your apprenticeship contract or training agreement to any of your employers who need it for purposes of applying for the Apprenticeship Training Tax Credit under s. 89 of the *Taxation Act, 2007*, S.O. 2007, c. 11, Sched. A.

Your personal information is collected under the authority of the legislation set out in the Notice above and the *Occupational Health and Safety Act*, R.S.O. 1990, c. O.1, as amended; the LMDA between Canada and Ontario and ss. 3, 63 and 139 of the *Employment Insurance Act*, S.C. 1996, c.23, as amended, s. 76.29 of the *Employment Insurance Regulations*, S.O.R./96-332, ss. 10, 34(1) and 36(1) of the *Department of Human Resources and Skills Development Act*, S.C. 2005, c. 34; s. 8 of the *Privacy Act*, R.S.C. 1985, c. P-21, as amended; and s. 10.1 of the *Financial Administration Act*, R.S.O. 1990, c. F.12, as amended.

For more information on how the Ministry collects, uses and discloses your personal information, please refer to the contact information in the Notice above.

By signing this form, you give consent to the Ministry to collect, use and disclose personal information about you where relevant to the administration and financing of the System as described above.

Signature of Applicant	Signature of Parent (if under 18)	Date (yyyy/mm/dd)
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