

Dual Credit Student Application Form
Semester 2
(February 2018 – June 2018)

Student Information (Please Print Clearly):

OEN (Required)	Have you been a Mohawk Student in the past? Yes No	Mohawk Student ID# (Required, if returning student)	
Last Name	First Name	Middle Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (dd/mm/yy)	Mailing Address		Apt/unit #
City, Province	Postal Code	Home Phone #	
Cell Phone #	Student Primary Email (mandatory)		
Home School currently attending		Home School Phone #	
Are you enrolled in an OYAP or SHSM program at your home school? If so, please check all that apply.			
<input type="checkbox"/> OYAP Area of Focus:		<input type="checkbox"/> SHSM Area of Focus:	
Previous Social Work/CYC Involvement YES NO		Individual Education Plan YES NO	
Emergency Contact Name	Emergency Phone Number		

The SWAC program will be offered at Mohawk College, Stoney Creek Campus (481 Barton St, Stoney Creek, ON). Transportation will be provided at no cost to the student. Students will be enrolled in four courses:

1. Trade Calculations (Mohawk / Secondary School Dual Credit)
2. Introduction to Construction (Mohawk / Secondary School Dual Credit)
3. Secondary School Credit (to be determined at the intake meeting)
4. Secondary School Credit (to be determined at the intake meeting)

I hereby provide my consent to Mohawk College to release information about my educational history, including my marks, to the Coordinator of the Dual Credit programs at Mohawk College as well as to the appropriate School Board for the purpose of fulfilling the requirements for the Dual Credit Program.

Name of Student (please print)	Signature of Parent/Guardian (if under 18)
Signature of Student	Date (Day-Mon-Year)

Who is eligible to participate?

- Unsure about their pathway beyond high school
- Is in need of career clarification
- Interested in pursuing the trades
- Facing significant challenges in completing the requirements for graduation
- Poor attendance history
- Has fewer credits than average for his/her grade
- Lacks confidence in their ability to achieve

Please attach a current timetable and the student's Credit Counselling Summary

Please list two secondary school staff references:

1. _____
2. _____

How did you hear about the program?

**Please send this application to the Thomas Merton Centre for Continuing Education, Oakville Campus
Attention: Bryan DeSousa**

Principal or Designate Signature

Date (dd/mm/yyyy)

Personal information, as defined by the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) is collected under the authority of the *Education Act*, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of the sole purpose of delivering the School College Work Initiative (SWC). Information will not be shared outside of the delivery of partners for this initiative. If you have any questions about this program please contact the Vice Principal, Thomas Merton Centre, Oakville Campus at 905.849.7555 or at desousab@hcdsb.org If you have questions about this collection; use, and disclosure of this information, contact the Manager, Privacy, Records and Information Management at 905.632.6314 x233 privacy@hcdsb.org