

**Dual Credit Student Application Form**  
**Semester 2**  
 (February 2020 – June 2020)

**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	Student Cell #	
Student Primary Email (mandatory)	Home School name		
Eligible to graduate in June? Yes      No      Possible	Applying to College for September 2020? Yes      No		
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 If YES What is your Identification?		
Parent Contact Name	Parent Contact Phone Number: Parent Email:		

**The SWAC program will be offered at Mohawk College, Stoney Creek Campus (481 Barton St, Stoney Creek, ON).  
 Transportation from home school 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?

- May be facing significant challenges in completing the requirements for graduation
- May have poor attendance history
- May have fewer credits than average for his/her grade
- May lack confidence in their ability to achieve
- May be unsure about their pathway beyond high school
- Is in need of career clarification
- Interested in pursuing the trades

***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: Marjorie McArthur**

\_\_\_\_\_  
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 [McArthurM@hcdsb.org](mailto:McArthurM@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](mailto:privacy@hcdsb.org)