

APPLICATION FORM

Form must be completed **electronically** before sending to your school board. We cannot accept applications that are incomplete. Thank you!

STUDENT INFORMATION			
First Name		Last Name	
Date Of Birth		Gender	
Home Address		Apt/Unit #	
City		Postal Code	
Phone #			
Email Address			
CONTACT INFORMATION			
Emergency Contact		Phone #	
Relationship			
SCHOOL INFORMATION			
Home School		OEN #	
School Board			
School Contact Name			
PROGRAM SELECTION			
Program	Day(s) Of The Week		
ADDITIONAL INFORMATION			
Have you graduated from secondary school?	Yes	No	
Have you ever taken time off from secondary school?	Yes	No	
Do you have an existing Individual Education Plan (IEP)?	Yes	No	
Are you a Specialist High Skills Major (SHSM) student?	Yes	No	
Are you registered in Ontario Youth Apprenticeship Program (OYAP)?	Yes	No	
Are you considered to be (<i>select all that applies</i>):		Disengaged?	
		At risk of not graduating (<i>insufficient # of credits</i>)?	
		Unsure of your pathway <i>AFTER</i> high school?	

TERMS AND CONDITIONS

Program Delivery: It is at Sheridan's sole discretion to determine how the Sheridan Dual Credit Program ("Program") will be delivered, whether virtually or in person, and to suspend the Program where necessary as a result of any required or unforeseen closures of Sheridan due to the COVID-19 pandemic.

Force Majeure: Sheridan is not responsible for any delay or failure to implement or continue the Program where such delay or failure is due to fire, explosion, flood, war, embargo, governmental action, act or order of a public authority, strike, epidemic, pandemic, public health emergency or communicable disease outbreak or to any other cause beyond its control ("Force Majeure Event"). Should the Force Majeure Event last longer than thirty (30) days, Sheridan reserves the right in its sole discretion to discontinue the Program, in whole or in part, upon notice to the student, without further liability, expense or cost of any kind.

Photo Consent: Please note that your photograph and any other personal information identified on this form is collected pursuant to s.2 of the Ontario College of Applied Arts and Technology Act for purposes of administering the College's security and emergency preparedness plans as well as to facilitate the provision of services offered by Sheridan where identity verification is a reasonable requirement. Questions with respect to this collection may be addressed to dual.credit@sheridancollege.ca.

This form is to be used only by students enrolled in Sheridan's Dual Credit Program. This form is subject to Sheridan's Access and Release of *Student Information Policy* and its appendices, all other Sheridan policies, including but not limited to the *Privacy Policy*, and all applicable legislation, including but not limited to the Ontario *Freedom of Information & Protection of Privacy Act*.

Pursuant to section 42(1)(b) of the Ontario *Freedom of Information & Protection of Privacy Act*, I, _____, authorize The Sheridan College Institute of Technology & Advanced Learning ("Sheridan") to release all records related to my registration, attendance and academic progress in the Dual Credit Program to my parent/guardian and my Secondary School Board's Representative as provided on this application form. This authorization will be valid from the date of signing below in perpetuity.

Note to Student/Parent(s)/Guardian(s): Sheridan does not provide any student accidental death, disability, dismemberment or medical expenses' insurance on behalf of students participating in these activities. Sheridan Dual Credit Program students are referred to their Secondary School Board to seek student accident insurance options.

I have read the foregoing and fully understand the contents of this release form.

Student Signature: _____

Parent/Guardian Signature (if student under 18 years old): _____

Date: _____