

## **Dual Credit Student Application**

		(5	Seneca Student ID Num	ber)	
Last Name	Name First Name		Middle Name		
Street Address (include Apt./Unit No.)					
City/Town	Province	Postal Code			
Home Telephone Emerge	ncy/Alternate Contact Number	Student's Em	ail Address (mandatory)		
Date of Birth		ı	Dual Credit Course Information		
Year Mor	nth Day Mal Fem	_	College Course Code:		
Canadian Status (Citizenship)		ale	Semester: Program: DUC		
		YRDSB	TDSB	DPCDSE	
Name of Secondary School		YCDSB	TCDSB	SCDSE	
		PDSB	PVNCCDSB		
Secondary School Contact Name and Email Address  Have you been identified through an Identification,  Placement and Review Committee (IPRC) process?		·	High School Statu	ıs	
you have an Individual Education Plan (IEP)?		_	Student OEN:		
ave you at any time dropped out of high school?		_	Grade Currently Attending:		
Are you involved in a SHSM program?	1	_	Credits Earned To Date:		
Conditions of Registration Tuition fees will be paid in full by funds from the Sch Registrants must comply with Seneca's Student Righ http://www.senecacollege.ca/studentc onduct/ri	ts & Responsibilities as outlined at				
FREEDOM ( The personal information collected on this form is in accor the legal authority of the Ministry of Colleges and Universi Regulation 34/03. The information is used for the adminis Canada and the Government of Ontario. If you have any of Information & Privacy Protection Office at 416-491-5050, e	ties Act, R.S.O. 1990, Regulation 770, and trative and statistical purposes of Seneca puestions about the collection of your pers	Freedom of Inform the Ontario Colleg College and/or the onal information,	nation and Protection of Privacy Act, a les of Applied Arts and Technology Ac e ministries and agencies of the Gove	<i>t,</i> 2002, rnment of	
I have read the above statements and I hereby academic progress to the aforeme	authorize the release and exchange entioned as well as my Parent/Guar	-	, -	lance, and	
Student's Signature	Date				
	Parer (If und	t/Guardian's Si er 18 years of age	gnature D	ate	
Secondary School Representative's Signature	Date				

<sup>\*\*</sup>Please fax applications to Dual Credit Team at (416) 496-9791 or email to dualcredit@senecacollege.ca.\*\*

## **CONSENT TO USE PERSONAL INFORMATION Seneca College of Applied Arts and Technology**

Waiver, Indemnity and Release	
I ( <b>print your name</b> )of my name, written testimonial, audio/video/photograstudent/employment status (graduate/program name/graduation/employer) by Seneca College of Applied Apromotion of the College, its programs and initiatives (print/broadcast/online etc.). As well, I consent to hav Seneca College with third parties for these same expense.	year of Arts and Technology in the in all media e this information shared by
Seneca College is not responsible for the misuse or a audio/video or photographs by third parties. I hereby any of its officers, directors, agents, employees or seractions, claims, loss or causes of action arising from timages.	release Seneca College and rvants from any and all
I am 18 years of age or older and I am competent to a have read this document before signing below, and I contents, meaning and impact of this consent, waiver This consent, waiver, indemnity and release is binding executors, administrators and assigns.	fully understand the , indemnity and release.
Signature	Date
Signature of Parent/Guardian (if under age 18)	Date
Telephone Number (Staff extension – Students home	e number)

In accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act, the personal information including images and recordings in connection with this form is collected under the authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, and Regulation 770, and the Ontario Colleges of Applied Arts and Technology Act 2002, Regulation 34/03. If you have any questions about the collection of personal information, please contact Seneca College's Freedom of Information and Privacy Protection Officer at 416-491-5050 extension 2078.

