



DUAL CREDITS - FALL - October 2 to December 18, 2025

Student Information

Name Birthdate Month Day Year

Address Student Cell

City Student Email

Prov Male Female Other

Postal Code Drop off Location:

Primary Phone _____

Do you wish to identify as a member of a designated group? Your response to this question is voluntary and will not affect your eligibility for Dual Credits. This is for statistical purposes related to Dual Credit programs.

- First Nations Metis Inuit Person with Disabilities Member of a Visible Minority Francophone

Emergency Contact

Name Relationship

Phone Alt Phone

October 2 - December 18, 2025 Thursday afternoons - 1:00 to 5:00 pm or 1:00 to 6:00 pm

Indicate first (1) and second (2) course preference

Windsor Campus

___ Acting 1 -

___ Anatomy & Physiology – PPH4T – (HW)

___ Building CAD 1 – TAE4T – (Man)

___ Welding – TLL4T – (Ag, Man)

___ Layout and Design – AEL4T – (AC, Man)

___ Conflict Management – BON4T – (HW)

___ Child and Youth Worker – TOE4T – (HW, NP)

___ Construction – TSC4T – (Man) – 5 hrs

___ Drive Train Transmission – TTX4T – 5 hrs

___ Heating 1 – 5 hrs

___ Photoshop -

___ Plumbing Techniques – TSB4T – 5 hrs

Chatham Campus

___ Electricity, Raceway – TNP4T

___ Photoshop –

___ Building Responsive Relationships – TOF4T (HW)

___ Powerline Safety – PPO4T (HW) – 5 hrs

___ Money Matters – MBA4T – (Ag)

Indicate work boot size _____

Dual Credit Program Authorization and Consent Statement

Student Information Consent (mandatory)

The information on this form is collected under the authority of the Ontario College of Applied Arts and Technology Act, 2002, Ontario Regulation 34/03. The information is used for promotional, administrative, academic and statistical purposes of the college and/or the ministries and agencies of the Government and the Government of Canada.

I give consent to St. Clair College, my home school, and my School Board to release my application, academic information and any other information relating to my dual credit course between St. Clair College and the School Board.

I am aware that if I have an Individual Education Plan (IEP) that this information may be shared by the School Board's Dual Credit Teacher with St. Clair College Student Services to determine appropriate accommodations.

I am aware that upon admission to the Dual Credit program, basic student information will be permanently retained by the College in an electronic format.

I give my consent for the student names in this application to be transported by St. Clair College and will assume all liability for my/their participation in this Dual Credit and any injury that may result during the transport or at the College. I also understand that some courses involve field trips that take students off the College campus.

St. Clair College is required to report student-level enrollment-related data to the Ministry of Labour, Training and Skills Development under the authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6. The Ministry Collects this data which includes limited personal information such as Ontario Student Number, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities.

Student Media Release

I allow St. Clair College and my School Board to use:

My name, a description of me, a photograph of me, a video, an electronic or other image of me, a recording of my voice, a quotation or summary of my opinion for the purposes of:

- advertising on television, radio, internet or newspaper
- information (eg. brochure, fact sheet, poster or other display material)
- communications materials (eg. Speeches, news releases, backgrounders)
- web, internet, intranet based communications materials

Please check this box if you object to the above Media Release

Personal information collected pursuant to this form is collected in compliance with section 32(2) of the Freedom of Information and Protection of Privacy Act. The information will be used for the purposes described on this form and for no other purposes.

I hereby release St. Clair College, my School Board and any of their associates and affiliates, their governors, officers, agents, and employees from all claims of every kind on account of such use.

Student Name

Date

Parent Name

Date

If you have any questions about the collection, use or disclosure of this personal information, contact Art Barron at 519-354-9100 x3685 or abarron@stclaircollege.ca

Once signed and saved, please email to your Guidance Counsellor