



Registration Form - Dual Credit
 School-College-Work Initiative
 Tel: 905-721-2000 Ext. 2020
 Fax: 905-721-3197

Student Information	
OEN:	
Last Name:	First Name:
Street Address:	
City: Whitby	Postal Code:
Home Phone:	Cell Phone:
Date of Birth:	Gender:
Email Address:	
Project Name:	
Secondary School:	
Board:	
Teacher Name:	

College Course Information	
Course Name:	CRN:

Release of Information	
<p>I hereby consent and authorize the full release and disclosure of any information, report, document, record, material, statements or part thereof, concerning myself in the possession or control of the Office of the Registrar to my school and/or school board for the period of one year. I have read and agree to abide by the policies and procedures as outlined on the reverse side of this form.</p>	
Student Signature:	Date:
Parent/Guardian Signature: (if student is under age 18)	Date:

In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31, this is to advise you that the personal information on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries and agencies of the Government of Ontario and the Government of Canada, including but not limited to, tabulating and reporting data on Key Performance Indicators (graduation rate, graduate employment, graduate satisfaction and employer satisfaction). If you have any questions about the collection, use and disclosure of your personal information by the College, please contact the Freedom of Information Coordinator, Director, Human Rights and Benefits, 2000 Simcoe Street North, Oshawa, N L 1H 7K4, 905.721.2000, extension 2223.