

# SCHOOL-WITHIN-A-COLLEGE



**S**trive to  
Earn Credits  
for Your  
**OSSD**

**W**ork  
to Earn  
College  
**Credits**

**A**chieve  
on-Campus  
College  
**Experience**

**C**onnect with  
Your Post-  
Secondary  
**Future**

## APPLICANT INFORMATION

Last Name		First	Date	
Street Address			Apartment/Unit #	
City		Province	Postal Code	
Phone (Home)		Phone (Cell)		
Email Address				
Date of Birth		Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact 1	Name		Phone Number	
Emergency Contact 2	Name		Phone Number	

## PROGRAM INFORMATION

Application to Attend Starting:	<input type="checkbox"/> September	<input type="checkbox"/> February	(Please select one)
Preferred College Location:	<input type="checkbox"/> Centennial (Progress Campus)	<input type="checkbox"/> Seneca (Newnham Campus)	

## ACADEMIC INFORMATION

Do You Have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Have a Learning Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are You First in Family to Attend Post-Secondary Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Self-Identify as First Nations, Metis, Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No

## GRADUATION REQUIREMENTS

Total # of Credits Achieved by End of This Semester:	Community Service Hours Completed (Of 40 Hours):
Total # of Compulsory Credits Achieved:	Total # of Elective Credits Achieved:
Literacy Requirement <input type="checkbox"/> Not Met <input type="checkbox"/> Met Via OSSLT <input type="checkbox"/> Met Via OSSLC	
List the Compulsory Credits You Require: (Attach credit counseling summary form)	

**EMPLOYMENT INFORMATION**Do You Have a Part-Time Job?  Yes  No If Yes, Please Complete the Following:

Job Title

Name of Employer

Street Address

Apartment/Unit #

City

Province

Postal Code

Supervisor's Name

Supervisor's Phone Number

**FUTURE PLANS**

Why do you want to attend the school-within-a-college program?

What do you plan to do after achieving your OSSD?

If you plan to pursue post-secondary studies, what program(s) are you interested in? Please include prerequisites for the program.

**REFERENCE**

Provide One Teacher or Administrator Advocate We Can Call for a Reference:

Name

School

Subject

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(if under 18 years of age)

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Personal Information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2., and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. c.M. 56 and will be used by the Adult and Continuing Education Department and the principals and teachers of the applicable program. These forms will be confidentially disposed of at the conclusion of the program. Credit(s) obtained as a result of successful completion of the course(s) indicated above will be shown on and become part of the student's Ontario School Transcript. For further information contact the F.O.I. Coordinator at the Catholic Education Centre (905) 713-1211.*