

Last Name: _____ First Name: _____

Address: _____
apartment number _____ city _____ postal code _____Date of Birth: _____ Female Male
Month Day Year

Home phone number: () _____ Cell phone number: () _____

Student email address: _____

Emergency contact name: _____ contact number: () _____

Relationship to student: _____

High school: _____ School Board: _____

Dual credit course name: _____ For Baking, Culinary, Automotive or Heavy Duty courses please provide shoe size: _____

Student Authorization:**I understand that Centennial College will share records related to my registration, attendance, conduct, and academic progress with the Ministries or Agencies of the Government of Ontario, my parent(s)/guardian(s) and/or Secondary School Representatives.****Student signature:** _____ **Date:** _____

If student is under 18 please provide parent/guardian name and signature:

Parent/guardian Name: _____ **Signature:** _____**School Representative:****Please return the signed forms, including the SCWI Release and Consent form to Chris Taylor via email or fax:
ctaylor@centennialcollege.ca fax: 416-289-5251****Conditions of Registration:**

- All fees, including tuition fees and supplies will be paid in full by The Ontario Ministry of Education
- Students must comply with Centennial's academic and behavioural policies as outlined on:

<https://www.centennialcollege.ca/about-centennial/college-overview/college-policies/>

**STUDENT SUCCESS STRATEGY
RELEASE AND CONSENT**

There are exciting and new ways for students to take learning beyond the traditional classroom. The **Student Success Strategy** gives students more ways to accumulate credits to graduate, while improving the quality of their school experience. The Ministry of Education needs to tell parents, students, teachers, employers and other partners about these programs so that they can encourage young people to learn more about them. The Ministry would like to use your personal story related to student success to help communicate this information using some of the tools listed below and is asking for your permission to do just that.

This Release and Consent requests your consent to use and disclose your personal information, including images and recordings of you. Thank you for your support in promoting student success in Ontario.

Please complete this Release and Consent and then sign it to indicate your consent:

I, _____, allow the Ministry of Education and its authorized contractors acting on behalf of the Ministry to use:

Please check off all boxes (a to h) for which you will give your consent:

- a) my first name
- b) my last name
- c) a description of me, including but not limited to my school experiences, occupation/business or community involvement
- d) a photograph of me that I supplied or that was taken on _____ (d/m/y) at _____.
- e) a videotape, an electronic or other image of me recorded on _____ (d/m/y) at _____.
- f) a recording of my voice on _____ (dd/m/y) at _____.
- g) a quote taken from my interview or presentation on _____ (dd/m/y) at _____.
- h) other: _____

for the uses and in the formats described below, and for no other purpose:

please check off all boxes (a to d) for which you will give your consent:

- a) Internet based video on demand or web cast professional learning sessions to be streamed from the public website of the Ministry of Education.
- b) Publications and promotional material in print format (e.g. brochures, fact-sheets, posters or other display material, interviews or articles) to be publicly distributed. These materials may also be housed on the public website of the Ministry of Education.
- c) Communications materials (e.g. speeches, news releases, backgrounders) that may be released to the media and others, e.g. Ontario school boards. These materials may also be housed on the public website of the Ministry of Education.
- d) Participation in a promotional activity or event where representatives of the media (television, radio, newspaper, etc.) may be present. I acknowledge that my image, name, voice, etc. may be used by the media.

Please check off all boxes (a to c) for which you will give your consent and provide the relevant information:

I also consent to the use by the Ministry and its authorized contractors of my name, mailing address, e-mail address and telephone number for the sole purpose of contacting me regarding this Release and Consent or to ask me for additional consents or releases:

- a) mailing address _____
- b) telephone number _____
- c) e-mail address _____

Please read the following paragraphs before signing this Release and Consent:

I understand that by signing this **Release**, I am giving the Ministry and its authorized contractors the right to photograph, record on film, videotape, audiotape or record on any other audiovisual or electronic medium, my voice, likeness and person and granting also the non-exclusive and perpetual and worldwide right, license and privilege under copyright or any other right or license enjoyed by me to use, broadcast, cablecast, web cast, reproduce and distribute the above for the uses and in the formats I selected. I agree that I will not at any time make any claim for additional compensation in respect of such uses, and waive any right to inspect or approve the finished video recordings, audio recordings or photographs.

I understand that by signing this **Consent** I am permitting personal information about me to be used and disclosed in promotional events, activities and materials which will be widely circulated. I also understand that the publications and promotional materials and the communications material may be posted on the public website of the Ministry of Education at www.edu.gov.on.ca that is developed, operated and maintained by CSC (www.curriculum.org) on behalf of the Ministry. I also understand that the professional learning sessions will be posted on the public website of the Ministry of Education. The Ministry's public website can be used by anyone who accesses the websites and I understand that if consent were withheld this use would not occur. I understand that neither the Ministry nor CSC have control over or are responsible for the use or misuse of materials on the website, including my photograph and video or audio recordings of me.

I acknowledge that I have freely and voluntarily provided or permitted my personal information to be collected, used and disclosed by the Ministry and its authorized contractors without payment to me.

Personal information collected pursuant to, and on this Release and Consent, will be used and disclosed for the purposes described and for no other purpose. The Ministry collects this personal information under the authority of s. 8.1 of the *Education Act*, R.S.O. 1990, c. E.2, as amended. If you have any questions about the collection, use or disclosure of your personal information, contact: Jean Courtney, Education Officer, Student Success/Learning to 18 Implementation Unit, Training and Evaluation Branch, Ministry of Education, 4th Floor, Mowat Block, 900 Bay Street, Toronto, ON M4K 1L3 Tel: (416) 325-6185, Fax: (416) 327-6749.

I have read this Release and Consent after it was completed and I understand and agree to be bound by its contents.

Please sign in the appropriate space(s) provided below:

To be signed by the individual named above where he or she is sixteen (16) years of age or over:

Signature _____
Print Name

Date

To be signed by a parent or legally appointed guardian of the individual named above where he or she is under the age of eighteen (18) years:

Signature _____
Print Name

Date

To be signed by a legally appointed guardian of an individual who cannot provide his or her informed consent:

Signature _____
Print Name

Date