CONNECTING TO COLLEGE APPLICATION

FALL 2019

NC SERIES CODE: 4000/4001

Niagara College Canada
APPLIED DREAMS.

Legal First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Legal Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

OEN ☐☐☐☐☐☐☐☐☐

Student I.D. Number **(if previously a Niagara College Student)** ☐☐☐☐☐☐☐

DSBN
DISTRICT SCHOOL BOARD OF NIAGARA

Street Address: _____

City: _____ Postal Code: _____

Phone: (Home) _____ (Student's Cell) _____

NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

Student's Email Address: _____

Date of Birth: _____ _____, _____
Month **Day** **Year**

Age on first day of semester: _____ Gender ☐ Male ☐ Female ☐ Undeclared

Does the student have an IEP? If so, please attach with application. ☐ Yes ☐ No

School Board ☐ DSBN ☐ NCDSB

Home School: _____

School Guidance Contact: _____

Signature of Principal or Dual Credit Teacher: _____

Select one of the Connecting to College course pairings.		**Niagara College office use only:**
☐ Course Code: PSYC1101: Psychology Course Code: MTLH1206: Personal Well-Being	(NOTL)	Section: _____ Section: _____
☐ Course Code: PSYC1101: Psychology Course Code: MTLH1206: Personal Well-Being	(Welland)	Section: _____ Section: _____
☐ Course Code: COMM1160: Communication in Healthcare I Course Code: STDV1180: Academic and Career Preparation	(Welland)	Section: _____ Section: _____

Consent to Disclosure must be completed and signed (see reverse)

Revised 06/14/2019

REVISED

Consent to the Disclosure or Release of Information

I understand that Niagara College of Applied Arts & Technology (the College) is required to comply with the provisions of the (**Freedom of Information) in accordance with the Protection of Privacy Act,** by giving me notice of any request for disclosure of personal information about me, which includes information about my educational history.

I hereby agree that the College need not give me notice and need not comply with the Act but may and is hereby authorized to release any information about my educational history, including my marks, to the SCWI Project Coordinator at Niagara College as well as the appropriate School Board.

I _____ of _____
(Print student's legal name) (Print full address)

1. Hereby consent to the disclosure or release of information from **Niagara College to:**

☐ **District School Board of Niagara** or ☐ **Niagara Catholic District School Board**

2. The information shared may include: student records (including enrolment information and grades) and student accounts. In addition, academic information may be shared with parent(s) and/or guardian(s).

_____ _____
Signature of Student Date (day/month/year)

_____ _____
Signature of Parent/Guardian Date (day/month/year)
(If student under is 18 years of age, parent/guardian signature required)

3. Photographs and/or video are taken on occasion as part of the School College Work Initiative – Dual Credit programs at Niagara College. Please review and sign the clause below so that there is written record of your consent on file.

I hereby grant Niagara College and its employees, agents and assigns, the right to photograph my child and/or make recordings of my child's voice, and the right to use pictures, silhouettes and other reproductions of my child's likeness in connection with the exhibition and/or broadcast on television/radio, website, or any video or audio tapes. Further I grant Niagara College the right to use my child's likeness in connection with the promotion of said video in magazines, newspapers and other printed materials without further permission from me.

_____ _____
Signature of Student Date (day/month/year)

_____ _____
Signature of Parent/Guardian Date (day/month/year)
(If student is under 18 years of age, parent/guardian signature required)

Expiry Date: _____

Unless an Expiry Date is specified, this consent will continue to be valid until such time as it is revoked, in writing, by me.

REVISED