

Student Application



Get both OSSD and college credits this semester through a partnership between your school and Fanshawe or Mohawk College.

Please complete this application legibly and give to a guidance counselor to forward to School Within a College (SWAC). Your responses will help us with the interview process.

Application to attend semester: _____ Application Date: _____
(Please check desired program)

Mohawk College – Brantford: Trades 1 _____ Apprenticeship: _____
Trades 2 _____ Business: _____

Fanshawe College – Simcoe Human Relations _____

First Name: _____ Last Name: _____

Address: _____ Phone # _____
_____ Alternate # _____

Emergency Contact Name: _____ Phone #: _____

Home School: _____

Why do you want to attend the 'School Within a College' program?

Are you currently attending school? Yes / No If no, what is the reason you left or want to leave your home school?

What do you plan to do after high school?

Do you give permission for staff to contact your parents/guardians in matters pertaining to your education? Yes / No
(Please complete regardless of age)

List any agencies that may be contacting us about you (Example: Ontario Works, Probation).

Provide one teacher advocate we can call for a reference

Name: _____
School: _____
Subject: _____

Do you plan to graduate after this semester?
Yes / No

Student Signature: _____

Parent Signature: _____

Date: _____

(Required if student is under the age of 18.)

Guidance Report

Please complete this Guidance Report and forward along with the Student Application. Unfortunately, the application cannot be considered unless the Guidance Report is completed in full and an up-to-date Markbook Record (preferred), transcript or credit counseling summary and IEP (if applicable) are attached.

Please complete fully and attach appropriate documents.

Student First Name: _____ Student Last Name: _____

Address: _____
Phone #: _____

Student ID #: _____

Home School: _____

IEP? Formal: _____
Informal: _____

Reasons for referral:

Academic needs:

Other issues and/or supports required:

Substitutions granted: _____ OSSLT: _____

Community Hours Completed: _____ OSSLC: _____

PLAR Referral
(Over 18 and out of school 1+)

Attachments: (Please check ✓ if attached)

School registration form: _____ Up-to-date Markbook Record: _____ Transcript: _____ IEP: _____

Referring Counselor's Signature: _____ Date: _____

