

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:	Intro. to Trades _____	Human Services: _____
	Intro. to Manufacturing _____	Business: _____
Fanshawe College – Simcoe	Human Relations _____	

First Name: _____	Last Name: _____
Address: _____	Phone # _____
_____	Alternate # _____

Emergency Contact Name: _____	Age: _____
Emergency Contact Phone: _____	Date of Birth: _____
Home School: _____	Gender: _____

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.)

Notice of Collection: In accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. This information is collected under the legal authority of Section 265(1)(d) of the Education Act, R.S.O. 1990 c. E.2 as amended, and may be used as necessary for some or all of the following principal administrative purposes related to: the Board's operation, school programs and educational services, student records, and Ministries of the Government of Ontario. If you have any questions, please contact the School College Work Initiative Coordinator by visiting www.scwigrandriver.ca. For more information please visit the following link to review the IPC's Providing Notice of Collection. http://www.ipc.on.ca/images/Resources/up-num_8.pdf



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 #: _____

Formal: _____
Informal: _____

Reasons for referral:

Academic needs:

Other issues and/or supports required:

Substitutions granted: _____ OSSLT: _____

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

Community Hours Completed: _____ OSSLC: _____

Attachments: *(Please check ✓ if attached)*

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

Referring Counselor's Signature: _____ Date: _____

Home School: _____