



Dual Credit and Youth Train in Trades Application Package

Legal First Name:	Legal Last Name:
SELKIRK COLLEGE STUDENT ID if known	Date of Birth (YYYY/MM/DD):
Personal email (do not use school email):	
Program / Course:	Intake/Start Date:

To be completed by representative of school district:

- ☐ This student has shown readiness and commitment to engage successfully in college-level programming.
- ☐ School District ____ approves this student to participate in the dual credit program noted above.
- ☐ School District ____ will pay the costs associated with this program per the signed Schedule A Dual Credit agreement or as described in the sponsorship agreement to follow.
- or
- ☐ Student will be self-funded, but will otherwise be supported academically and administratively by the school district.

NAME (School representative)	SIGNATURE	DATE SIGNED
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Primary school contact for administrative purposes, including admissions, registration, grade reporting and disciplinary issues:

NAME	ROLE
EMAIL	PHONE

To be completed by parent or legal guardian:

I consent to my child's enrollment in college-level programming at Selkirk College and agree to the release of information to their school and school district as outlined. I understand that participation in this program means my child is subject to Selkirk College policies, rules, and regulations as stated in the Academic Calendar and Selkirk College policies. I understand that I must be named in the release of information section in order to access information regarding my child's record at Selkirk College.

PARENT/GUARDIAN NAME	SIGNATURE	DATE SIGNED
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Form MUST be filled out using Adobe Acrobat. Do not use Apple Preview.

1 I, _____ NAME OF STUDENT _____ give my consent to Selkirk College to release the information as requested, to:

2 School District: _____ SD email address for billing purposes: _____

ADDITIONAL AUTHORIZATION TO RELEASE INFORMATION (PARENT/GUARDIAN ETC.)

NAME OF PERSON OR AGENCY/ORGANIZATION:	PHONE OR EMAIL	RELATION TO STUDENT: (PARENT, LEGAL GUARDIAN, COUNSELLOR etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: THIS FORM ALLOWS SELKIRK COLLEGE TO CONNECT WITH ANY EMPLOYEE FROM THE ABOVE LISTED SCHOOL DISTRICT OR OTHER ORGANIZATION FOR PURPOSES RELATED TO ADMINISTERING THIS DUAL CREDIT PROGRAM.

3 INFORMATION TO BE RELEASED WILL INCLUDE:

Application / Admission (Status, applications documents, outstanding items)

Course Registration information (Confirmation of enrolment, course enrolment status, schedule, add/drop classes)

Financial information (Account balance, tax forms, payment history, invoices, scholarships & bursaries)

Academic Record (Official or unofficial transcripts, credentials, academic standing, probation)

*Note that any of the above items may include release of your name, address, student ID number and program.

This authorization will be in effect from the date of signing until one year after the last course date in the program listed above.

Consent can withdrawn at any time by contacting the Office of the Registrar.

4 By signing below, I authorize the release of my information per the selections above.

STUDENT SIGNATURE

DATE SIGNED