Fall Priority Deadline: 3rd Friday in April Spring Deadline: 1st Friday in December.

For Office Use Only





APPLICATION FOR ADMISSION

Print legibly & complete all information fields.

All students are responsible for their textbooks, tools, supplies, or access codes.

Legal Name:	Last:				First:			MI:
Mailing Address:			City:	City:			Zip Code	:
Home Phone:		Cell Pho	ne:		Parent Ph	one:		
Social Security Number:	#	## ## ####		Birthdate:	mm/dd/yyyy	Gende	er: Male	Female
Race: (Select one or more o	f following)	n n -n n -n n n		Ethnicity: A	re you Hispai	nic or Latir	no? YES	NO
American/Alaskan Nativ	e Asian	White/0	Caucasian	Citizenship	: Are you a U.	S. Citizen ?	YES	NO
Black/African American	Hawai	ian/Pacific I	slander					
Email Address:			Pa	rent Email Addı	ess:			
High School Name:			Graduatio	n Year:	Gra	ade Level:		
High School Type: Public		County	Private Homeschoo		rred Name: _			
Education Goals:				, ,	nent Status:	Year E	nrolling: _	
Enhance New Employm	ent Skills	Enhance F	Present Job Sk	ills Unemp	oloyed-Not Se	eking	Unemplo	yed-Seeking
Degree, Diploma, Certifi	ication	Goal Unkr	nown	Employ	ed 1-10 hour	S	Employed	l 11-20 hours
Personal Enrichment		Transfer T	o College	Employ	/ed 21-39 hou	ırs	Employed	l 40+ hours
Future Career Goal: Parent 1 Highest Level of E				Semeste	r Enrolling:	Fall	Spring	Summer
Parent 2 Highest Level of E	ducation:	2 =Some High 3 =High Schoo or Equivalent 4 = College No 5 = College No	ol Diploma 8 = 1 9 = 0 O Credential O Associate	Bachelors Degree Masters or Higher Other/Unknown	Migrant Fare Foster Care Homeless II Limited Eng	Youth: ndividual: glish:	YES YES YES	NO NO NO
Program Eligibilty: Co Career and Techinical consent from the high sunweighted GPA must classes. Student Fees: Private semester. Cumberland fees. Textbooks/Supplies: Academic Calendar: follow the CCS calendar Transportation: Buses more information on y If offered, I plan to Plagiarism: FTCC corbe given a failing grad expelled from FTCC. So Disability Support Secontact our DSSO: additional consent of the plagiarism of the	Education school for be provided, Homeson County Statement of the county Statement our school utilize the siders place in the control of the	n pathways GPAs be led. Stude hool, and Schools (Conne courses mandles transponded at mol's transponded at mol's transponded are responded are	s require an low the minints must man out of counce (CS) studer consible for ction "5H" stary fall outs any high scortation. transportation additionally asible for kn	unweighted imum require aintain an FTo ty students with the cost of the traditional hools for most on between rus offense. A may be placed owing what cost imum requirements of the cost o	2.8 GPA, q ment. High CC GPA of ill be respond ponsible for peir textbool or high school 1:00 - 2:50 at 5H course my high school student for ed on prob-	ualifying school to 2.0 after a sible for summe colors, tools, tools, bol stude of time frages. Ask yound guilty ation or solagiarism	rest score ranscript of recompletion restudent resession supplies ents only a me. rour couns FTCC. y of plagia suspension.	es, or with an ng two fees per student , or codes. and will selor for arism may on, or
I have read and			terms regard	ding my particip	ation in the I	HSC progr	am with FT	CC.
Studer	nt Signature				Parent/G	uardian Sign	ature	

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Waiver Acknowledgement

Use of Photos/Audio/Video:

Parent/Guardian Name

The undersigned parent(s) or guardian(s) hereby authorize(s) FTCC to photograph and make audio and video recordings of my child and use his/her/their image and likeness (including photo/video/audio) for any and all purposes associated with FTCC's marketing of the High School Connections (HSC) program, including but not limited to use on social media and the HSC webpage. I acknowledge that any such use of my child's image and likeness shall be made without any renumeration to me, my child, or the high school. Finally, I understand that I may revoke this authorization at any time by sending a written notice to the HSC program. Any revocation of this authorization shall not limit the ability of FTCC to use photographs and recordings (audio and/or video) of my child taken or otherwise created during any period when a valid authorization was granted to FTCC.

Doto:

i aleni/Odaldian Name		Date
	Print Name	
Parent/Guardian Signature		Date:
FERPA Waiver:		
The undersigned student outbo	rizas Favattovilla Taabaisal Ca	ommunity College to release all
The undersigned student author	•	, ,
		d County Schools or high school of
record, and to my parent(s) or le	• • • • •	
participation and success in the	High School Connections pro	gram.
Parent/Guardian		
	Print Name	
Parent/Guardian	Print Name	
	Print Name	
Parent/Guardian	Print Name	
	Print Name	
Student Name		Date:
Student Name	Print Name	Datc
		D .
Student Signature		Date:

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No information shall be released to any parent/guardian not listed above.