



WITC Dual Enrollment Construction Essentials Academy Application

COLLEGE TERM
2017-2018

(Please print clearly)

SECTION I: STUDENT INFORMATION

NAME: _____
LAST FIRST MI

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

STUDENT PHONE #: (_____) _____ PARENT PHONE #: (_____) _____
Home OR Cell (circle one)

STUDENT EMAIL ADDRESS: _____ GENDER: FEMALE MALE

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____

ARE YOU A U.S. CITIZEN? YES NO (If no, complete next question)

DO YOU HAVE A U.S. PERMANENT RESIDENT CARD? YES NO (If no, complete next question)

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PROVIDE: VISA Type: _____ VISA # _____

The following questions are confidential. Your responses will help the technical college evaluate recruitment and retention practices and will not affect admission to the college.

Select highest degree earned by either parent: HS Diploma Associate Degree Bachelors Degree Masters and Beyond The

following questions relate to racial and ethnic identity. Please respond to both questions.

Are you Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)? YES NO

Select any other group or groups that apply to you:

- American Indian or Alaska Native. A person whose ancestors include native peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person whose ancestors include native peoples of the Far East, Southeast Asia or the Indian subcontinent (including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
- Black or African American. A person whose ancestors include any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander. A person whose ancestors include the native peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White. A person whose ancestors include peoples of Europe, the Middle East or North Africa.

SECTION II: STUDENT / PARENT (GUARDIAN) CERTIFICATION

Attendance in the Dual Enrollment Program is MANDATORY. Students cannot miss more than three (3) days per class per semester. By signing this application you agree to the attendance requirements.

I have thoroughly read and will comply with the requirements and procedures on the reverse side of this form. I understand WITC will provide a grade report to my high school and all WITC Dual Enrollment Academy course grades will be posted on my permanent college record. Under FERPA, I acknowledge my signature authorizes the assigned provider (WITC) to release progress, grades, and attendance records to the Department of Public Instruction, my parents/legal guardians, K-12 School District personnel, DWD and participating program employers. I acknowledge that: (1) I am enrolling into the WITC Dual Enrollment Academy; (2) it is my responsibility to OFFICIALLY WITHDRAW from the program if I decide not to participate by the published deadline; and (3) if I withdraw from the WITC Dual Enrollment Academy program or earn a college grade other than A, B or C in the course, I may not be eligible to participate in subsequent WITC Dual Enrollment Academy semesters.

STUDENT SIGNATURE: _____ DATE: _____

PARENT NAME: _____ HOME PHONE: (____) _____

PARENT SIGNATURE: _____ DATE: _____

SECTION III: HIGH SCHOOL INFORMATION - Completed by High School Counselor

(Please attach a copy of the student's high school transcript including OFFICIAL ACT scores (if applicable) with this application.)

NAME OF HIGH SCHOOL: _____ HIGH SCHOOL GRAD DATE: _____

STUDENT WILL BE IN 12th GRADE AT PROGRAM START: YES NO

CURRENT GPA IS 2.0 or better: YES NO

STUDENT IS IN GOOD STANDING AS DEFINED BY HIGH SCHOOL: YES NO

STUDENT IS ON TRACK FOR COMPLETING HIGH SCHOOL CURRICULUM: YES NO

STUDENT HAS PRIOR TECHNICAL AND/OR VOCATIONAL EXPERIENCE: YES NO

STUDENT HAS NOT MISSED MORE THAN THREE (3) DAYS OF SCHOOL PER SEMESTER JUNIOR YEAR: YES NO (IF NO, PLEASE EXPLAIN)

HIGH SCHOOL CERTIFICATION:

I certify the student completing this application has permission to participate in WITC Dual Enrollment Academy; the information provided for this student by the high school is correct. We authorize the above student to participate in the WITC Dual Enrollment Academy.

NAME OF HIGH SCHOOL CONTACT: _____ TITLE: _____

SCHOOL PHONE: (_____) _____ EMAIL: _____

HIGH SCHOOL REPRESENTATIVE SIGNATURE: _____ DATE: _____

GRADE REPORT SHOULD BE EMAILED TO:

ATTN: _____ EMAIL: _____

SECTION IV: WITC DUAL ENROLLMENT ACADEMY ADMISSIONS APPROVAL – Completed by WITC

I certify I have reviewed this student's application, the student's ACT / Accuplacer scores, and the student meets all WITC Dual Enrollment Academy requirements to be enrolled in the WITC program listed.

WITC DESIGNEE NAME: _____ TITLE: _____

WITC DESIGNEE SIGNATURE: _____ DATE: _____

WITC DUAL ACADEMY APPLICATION ELIGIBILITY REQUIREMENTS:

Current high school students may enroll in WITC Dual Enrollment Academy program through the dual enrollment collaborative agreement between the College and the school districts provided the student has met the following requirements:

- ❖ Student must be in 12th grade when entering the program.
- ❖ Student must have a GPA of 2.0 or better on a 4.0 scale.
- ❖ Student must meet college and course entrance requirements; including, program prerequisites.
- ❖ Student must be considered in good standing as defined by high school.
- ❖ Student must receive permission from high school principal, guidance counselor, or superintendent and from parent/guardian in order to participate in program.
- ❖ Student must acknowledge and sign FERPA statement allowing program communication between school districts, parents/guardians, DPI and participating Dual Enrollment Academy employers.
- ❖ Student must submit a WITC Dual Enrollment Academy Application form by deadline.
(Application fee is not required for students enrolled in this program)
- ❖ Attendance in the Dual Enrollment Program is MANDATORY, students cannot miss more than three (3) days per class per semester.

Note: Student MUST INCLUDE with this application a personal statement describing why he or she is a good candidate for the Dual Enrollment Academy program.

Email or mail completed application to: arnebergr@claytonsd.k12.wi.us

Clayton School District Attn: Rena Arneberg 236 Polk Avenue West, PO Box 130, Clayton, WI 54004