

PROGRAM APPLICATION FOR GATEWAY TO COLLEGE ADMISSION

Please read the entire application carefully before completing. Print clearly. Use a black or blue ink pen. Only complete applications will be considered.

Today's Date _____

Applying for:

- Fall Semester
 Spring Semester

Return Application by _____

Year _____

Student Information						
Social Security # or Government ID			School District Student ID			
Last Name						
First Name						Middle Initial
Physical Address						Apt #
City, State, ZIP					State	ZIP
Student Home Phone	()					
Student E-mail Address						
Student lives with	Name:			Relationship:		
Alternate Contact						
Phone(s)	<i>Parent Cell</i>			<i>Parent Work #</i>		
	<i>Student Cell</i>			<i>Student Work #</i>		
Additional Contact						
Phone(s)	<i>Contact Name & Cell</i>					
	<i>Contact Name & Cell</i>					
Ethnicity (<i>check one</i>)	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Asian/Pacific Island	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native/American/Alaskan	<input type="checkbox"/> Other (specify)
Date of Birth	/ /	Current Age	Gender (<i>check one</i>)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birthplace	City			State		Country
Language(s) Spoken at Home	First language			Second language		
Academic Information						
Your School District						
Currently enrolled in School?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, which high school?						Grade:
If no, give date of last attendance						
High school credits earned						



(Please attach a transcript from each high school attended.)

List all high schools, alternative programs, or home school where you have taken courses, beginning with the most recent. Use a separate sheet if more space is needed.

School	Location (City, State)	Dates of Attendance	# of credits earned	Grade level when last attended
Ex: Moody High School	Corpus Christi, TX	01/03-05/2004	2.5	9 th grade
Emergency Contact #1				
Full Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:	<i>Street Address</i>			<i>Apartment/Unit #</i>
	<i>City</i>		<i>State</i>	<i>Zip code</i>
Primary Phone:	()	Alternate Phone:	()	
Relationship:				
Place of Employment:		Work Phone:	()	
Emergency Contact #2				
Full Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:	<i>Street Address</i>			<i>Apartment/Unit #</i>
	<i>City</i>		<i>State</i>	<i>Zip code</i>
Primary Phone:	()	Alternate Phone:	()	
Relationship:				
Place of Employment:		Work Phone:	()	
Employment				
Work status does not affect your eligibility as long as work hours do not conflict with class hours. This information will help Eastfield College determine your schedule.				
Are you currently employed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Part Time 3-20 hrs/wk)	<input type="checkbox"/> Yes (Full Time 21+ hrs/wk)	
Work Location:				
Work Phone:	()	Supervisor Name:		



OTHER		
Have you ever been dismissed or suspended from school or college for any violations of student conduct or safety? If yes, please explain.		
Are you currently court-mandated to attend school? If so, please provide copies of all legal documents.	<i>Court/Judge:</i>	
Do you have a 504 Plan or an Individualized Educational Plan (IEP)? If so, will you be requiring services outlined in one of these plans? Please specify and attach copy.		
What career area or college major interests you?		
Is there anything that may prevent you from attending classes on a regular basis?	<input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Illness <input type="checkbox"/> Work <input type="checkbox"/> Other, Specify <hr/>	
What assistance and resources would you need to help deal with the things you listed above?		
Referral Information		
How did you learn about this program?	<input type="checkbox"/> Administrator	(Name) (School)
	<input type="checkbox"/> Counselor	(Name) (School)
	<input type="checkbox"/> Friend / Other	
Signature		

I certify that the information contained in my application is correct and complete. I understand if I have not provided accurate information or required application materials I may be denied acceptance for the upcoming semester with the **Gateway to College** program.

I also understand that I may not be enrolled in any high school or any other alternative high school education program while participating in the Gateway to College Program. If selected for the program, I agree to abide by the policies and procedures of the Gateway to College Program and Eastfield College.

Eastfield College, a college of the Dallas County Community College District, is an EOE. For special accommodations issues or an alternate format, contact Eastfield College Disability Services Office at (972) 860-8348.

Applicant Signature: _____

Date: _____

Student Name _____



STUDENT CONSENT TO RELEASE INFORMATION

Eastfield College shall follow all applicable state and federal laws, rules and regulations that apply to student records and other exceptions as required under Family Educational Rights and Privacy Act ("FERPA"). All information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

I hereby authorize Eastfield College to release confidential information about me contained in the college records. I also authorize my school district to release confidential information about me to Eastfield College.

Student Last Name First Name M.I. Date of Birth Social Security #

Release to (please select all that apply): _____
District Student ID #

___ Eastfield College / Gateway to College Staff

___ Sponsoring School District Name: _____

___ Parent/Guardian/Support Person:

Name Address Relationship Phone Number

Name Address Relationship or Agency (if applicable) Phone Number

Information that will be released through authorization of above signature:

- name, address and phone
- date of birth
- last high school attended and date
- disciplinary action
- special education/Section 504 records, if applicable
- transcript of grades
- verification of attendance
- test score and progress information
- date of graduation and program of study
- health records

To indicate that you understand all of the above and the information that will be released, please sign below:

Student Signature & Date: _____

PARENTAL APPROVAL FOR RELEASE OF INFORMATION & ENROLLMENT IN GATEWAY TO COLLEGE PROGRAM

PLEASE READ CAREFULLY

I hereby grant _____ permission to enroll in the Gateway to College program at Eastfield College. I understand that the exact length of time to earn a high school diploma varies by a student's course load and credit needs.

- ✓ Gateway to College is not an accelerated program for high school completion.
- ✓ It may take a student 2-3 years to receive a high school diploma through the Gateway to College program.
- ✓ Students will earn college credit toward an associate degree or earn an associate degree through the Gateway to College program.
- ✓ Students may remain in the Gateway to College program only until they earn a high school diploma or reach 21 years of age.

Parent / Legal Guardian (please print name & relationship): _____

Parent / Legal Guardian Signature & Date: _____

Student Name _____