

High School Academies Application Gateway Technical College



I. STUDENT INFORMATION & GATEWAY COURSE INFORMATION

This section completed by student / parent

Student Name <i>First, Middle, Last</i>		Student's Birthdate <i>Mo./Day/Yr.</i>	Gender M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Parent/Guardian Name <i>First, Last</i>			
Address <i>Street, City, State, Zip, County</i>			
Student Phone <i>Area/No.</i>	Student Email		
Parent/Guardian Phone <i>Area/No.</i>	Parent/Guardian Email		
High School Student Attends & Projected Graduation Year		School District in Which Student Resides	
Student High School GPA & ACT Test Score (if applicable):		Grade Student Will be in When Taking These Courses <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

Academic Year for which applying: 20XX – 20XX (courses may fall in Summer, Fall or Spring)

Gateway Technical College Course Name	Gateway Technical College Course Number	No. of College Credits

II. STUDENT & PARENT / GUARDIAN SIGNATURES

This section completed by student / parent

STUDENT SIGNATURE—IN SIGNING THIS DOCUMENT, I acknowledge the following:

- I authorize the high school and technical college to share and release course and grade information. I authorize the high school district to submit registration and drop forms on my behalf. I may be required to reimburse the high school district for the full cost of the course(s) tuitions, fees, and materials if I fail or drop the course(s) resulting in a failing grade.
- I understand that I must also meet all Gateway's admissions requirements & pre-reqs for each course. I must complete additional steps to enroll in the actual course(s) at Gateway.

Student Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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PARENT/GUARDIAN SIGNATURE

- I authorize the high school and technical college to share and release course and grade information. I authorize the high school district to submit registration and drop forms on my son's/daughter's behalf. I may be required to reimburse the high school district for the full cost of the course(s) tuitions, fees, and materials if my son or daughter fails or drops the course(s) resulting in a failing grade.

Parent/Guardian Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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III. HIGH SCHOOL BOARD APPROVAL

This section completed by district ONLY if the student is approved.

- I authorize the above student is approved to take the courses listed above through 38.14 Contract For Service. The high school district will pay for the student's tuition, fees, and books for the above courses.

Name of High School District Approval Authority	Phone <i>Area/No.</i>
High School District Approval Authority Signature	Date Signed <i>Mo./Day/Yr.</i>