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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ATUOC logo.tif | | Arkansas Tech University-Ozark Campus | | | | | | | **For Official Use Only**    T#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Term\_\_\_\_\_ Test\_\_\_\_\_\_  HS Transcript\_\_\_\_\_\_\_\_  MMR1\_\_\_\_ MMR2\_\_\_\_  Admission Type: SP  Major: CER-NDG | |
| Application for High School Student Program  Arkansas Tech University - Ozark Campus welcomes the opportunity to serve area schools by complementing their programs with special opportunities for students to enroll for technical courses concurrent with enrollment in high school. Students may earn technical credit by attending Arkansas Tech University-Ozark Campus during the summer sessions or by attending on a part-time basis during the regular academic year. | | | | | | |  | |
| \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_  1) **Social Security Number** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2) **Legal Name: Last** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Permanent Home Address: Number and Street or Route and Box** | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** | ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** | | | \_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone Number** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian: Full Name** | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TRIAND # (or AR State ID#)** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian Contact Address (if different than permanent home address)** | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian Telephone No.** | | | |
| Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_ **Date of Birth** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_  **Name of High School** currently attending Anticipated High School **Graduation Date** | | | | | | |
| **Ethnic Origin** (Select one or more of the following)  \_\_\_\_1. Black/African American (Non-Hispanic)  \_\_\_\_2. American Indian/Alaskan Native  \_\_\_\_3. Asian or Pacific Islander  \_\_\_\_4. Hispanic  \_\_\_\_5. White (Non-Hispanic) | | | | **Gender**  \_\_\_\_\_\_ Male\_\_\_\_\_\_ Female | | **Citizenship** (select one)  \_\_\_\_\_ U.S. Citizen  \_\_\_\_\_ Resident Alien (immigrant)  *A copy of your card must*  *be included with application.*  \_\_\_\_\_ Non-citizen | | | |
| To be in compliance with the current policy, you must accurately complete and return this form.  Neither admission nor registration will be allowed until your information has been received and evaluated.   |  | | --- | | **If enrolling in an Arkansas Tech Career Center class:**  I agree to be an active member of my career and technical student organization. I will pay dues in the first three weeks of school. I will follow all rules pertaining to safety including wearing proper clothing, shoes, and safety glasses.  COUNSELOR: Please circle the classroom modifications this student receives: IEP 504 None  If this student receives modifications, is this student exempt from standardized testing? (Please circle) Yes No  If English is not the primary language, please indicate student’s ESL Level: (Please circle) 1 2 3 4 5 \_\_\_\_\_\_\_  Health problems or allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s full legal name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ATCC Placement Request: 1st Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   To maintain a safe learning community, we ask the following questions of all applicants. We cannot process your application unless you answer these questions. Answering “yes” to one or more of the following questions will not necessarily preclude you from being admitted. However, failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw admission, or to dismiss after enrollment.     |  |  |  |  | | --- | --- | --- | --- | | 1) | Have you ever been convicted of, or pleaded no contest to, a crime other than a minor traffic violation? | ○Yes | ○ No | | 2) | Do you have any criminal charges pending against you? | ○Yes | ○ No | | 3) | Have you ever been expelled, dismissed, suspended, or placed on probation by any other school, college, or university? | ○Yes | ○ No | | 4) | If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? | ○Yes | ○ No |     **If you answered yes to any question above, please explain in detail the circumstances of each situation on the back of this sheet or attach a separate sheet if necessary. *You must promptly notify the Office of Student Services of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this document.***   |  | | --- | | **Safety Questions Response Area** |  |  |  | | --- | --- | | **For Student**    Secondary school students are not eligible to enroll in developmental courses in mathematics, English or reading.    I understand and agree that by submitting this application, I have obtained the permission of my parents and my high school to enroll in classes at Arkansas Tech University – Ozark Campus during the school year indicated. If at any time Ozark Campus officials report discrepancies in information submitted, I may be withdrawn from classes.    *I understand that for each school year for which I am approved by my high school to attend Arkansas Tech University - Ozark Campus that:* | | | ▪ | I must complete the Application for High School Student Program and that my admission will be determined by officials at Arkansas Tech University-Ozark Campus in accordance with admission criteria for entering students as described in the applicable Arkansas Tech University-Ozark Campus catalog or memorandum of understanding. | | ▪ | I must supply an official copy of my updated high school transcript after final grades for the past semester are posted at the end of each semester I enroll in classes. | | ▪ | All courses and grades will be posted for technical or college credit. Enrollment in college level English and math will require a 19 on the ACT (or equivalent) English, reading and math sections. | | ▪ | Other educational records may be released to my high school pertaining to the term or semester I am enrolled at Arkansas Tech University-Ozark Campus as a high school student. | | ▪ | The rules and regulations adopted by my high school govern any high school academic credit/grades that may be awarded for course(s) taken at Arkansas Tech University - Ozark Campus. | | ▪ | Enrollment in specific classes at Arkansas Tech University - Ozark Campus is subject to space availability. |      |  |  | | --- | --- | | * Completed and signed original of this application * Latest high school transcript | * Placement test scores (ACT or SAT) *(if available)* * Immunization record showing two (2) MMR shots | | ***My signature also grants permission to Arkansas Tech University to access my academic (e.g. high school and college transcripts) and immunization records. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.*** | | | ***I hereby affirm that all information supplied is complete and accurate. It is my understanding that I shall not be considered for admission to Arkansas Tech University–Ozark Campus until I have submitted all credentials specified in the Admission Checklist. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment.*** | |     **Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Return the above documents to the appropriate office below:**  Office of Student Services Office of Student Services  Arkansas Tech University-Ozark Campus Arkansas Tech Career Center  1700 Helberg Lane 2201 South Knoxville Avenue  Ozark, AR 72949 Russellville, AR 72802  *Form Revised 07/13/2015*  *Page 2 of 2* | | | | | | | | | |