

APPLICATION to PARTICIPATE in FULL-TIME EARLY ADMISSIONS PROGRAM

FOR USE BY STUDENT AND PARENT(S)/GUARDIAN(S) IN APPLYING FOR PERMISSION TO ENTER INTO THE FULL-TIME EARLY ADMISSIONS PROGRAM PERBOARD POLICY 217.

SCHOOL YEAR _____

Student Name _____ School _____

Parent(s)/Guardian(s) Name _____

Home Address _____

Home Phone _____

Student's Current Grade Level _____ Student's GPA _____ Current Credits Earned _____

(Grade level as of the date this is completed)

(Must have completed minimum (16) high school credits)

School Applying For Admission To: _____

☐ Full-Time

Name and Number of the College Course(s) you are applying for (fall and spring if applicable):

FALL SEMESTER

SPRING SEMESTER

1. _____ 1. _____ 1. _____ 1. _____

2. _____ 2. _____ 2. _____ 2. _____

3. _____ 3. _____ 3. _____ 3. _____

4. _____ 4. _____ 4. _____ 4. _____

Please indicate with which high school course(s) the above college course(s) will be coupled. Make sure that number (1) matches number (1) etc.

Requirements: The student and parent(s)/guardian(s) understand and agree that all registration fees, tuition fees, application fees and textbook requirements are their responsibility. The West Shore School District is not responsible for transportation if the student finds he/she must travel to the college campus for the course. The student must meet the minimum entrance requirements of the college offering the course to be considered for this program. This means that the student and parent(s)/guardian(s) are responsible to contact the college for this information and be willing to comply with those requirements.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

This form must be completed and returned to the counselor by Jun. 1 for fall enrollment and Oct. 1 for spring enrollment of the year prior to the beginning of the program.

***Please refer to Board Policy 217 Graduation Requirements and Early Admission to Postsecondary Schools**

ADMINISTRATIVE USE ONLY

Yes	No		Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	School Counselor	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Building Principal	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Director of Secondary Education	_____	_____

****Supporting documents must be attached to this application. (Transcripts and Recommendation Letter)**