



WITC Dual Enrollment

ACADEMIC
YEAR
2020-2021

Hayward Construction Academy Application 30-410-3 HSAC

SECTION I: STUDENT INFORMATION (please print clearly)

LEGAL NAME: _____
 FIRST MI LAST
 CURRENT MAILING ADDRESS: _____ CITY: _____
 STATE: _____ ZIP: _____ STUDENT PHONE #: (____) _____ PARENT PHONE #: (____) _____
 STUDENT EMAIL ADDRESS: _____
 DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NUMBER: _____ GENDER: FEMALE MALE
 SELECT HIGHEST DEGREE EARNED BY EITHER PARENT: 01 NONE 02 GED 03 HSED 04 HIGH SCHOOL DIPLOMA
 05 SOME COLLEGE CREDIT 06 SHORT-TERM DIPLOMA OR CERTIFICATE 07 1 YEAR DIPLOMA 08 2 YEAR DIPLOMA
 09 ASSOCIATE DEGREE 10 ASSOCIATE DEGREE PLUS ADDITIONAL CREDENTIAL 011 BACCALAUREATE
 012 MORE THAN BACCALAUREATE 99 STUDENT DECLINED/UNKNOWN

SECTION II: STUDENT'S PERSONAL STATEMENT

Provide a personal statement with this application of 100 words or less describing why you are a good candidate for the Dual Enrollment Academy program.

SECTION III: STUDENT/PARENT (GUARDIAN) CERTIFICATION

I have read and will comply with the requirements and procedures on the reverse side of this form. I understand that all WITC Dual Enrollment Academy course grades will be posted and become part of my permanent WITC academic record. Additionally, I agree to conform to the Student Code of Conduct policies published in the Student Handbook.

In accordance with Students Right to Privacy (FERPA laws), by my signature, I authorize WITC to discuss and release information about my progress, grades, and attendance records to the Department of Public Instruction, my parents/legal guardian, K-12 School District personnel, DWD and participating program employers. I acknowledge that:

- (1) I am enrolling in the WITC Dual Enrollment Academy;
- (2) It is my responsibility to officially withdraw from the Dual Enrollment Academy program by the published drop date if I decide not to participate; 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 (please print): _____

PARENT SIGNATURE: _____ DATE: _____

SECTION IV: WITC DUAL ACADEMY APPLICATION ELIGIBILITY REQUIREMENTS:

Current high school students may enroll in the WITC Dual Enrollment Academy program through the dual enrollment collaborative agreement between WITC and the school district. Student must be in good academic standing as determined by the student's high school and meet the criteria set forth in Section V. Participation may be denied by WITC if the student has a record of disciplinary problems. The high school may determine whether the student/parent/guardian will be required to reimburse the school district for tuition, fees, books, and material costs if the student fails or fails to complete the Academy. Student is responsible for transportation to/from the Academy.

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

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

STUDENT WILL BE IN 12th GRADE WHEN DUAL ACADEMY PROGRAM STARTS: 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 3 DAYS OF SCHOOL PER SEMESTER JUNIOR YEAR: YES NO (IF NO, EXPLAIN)

ACCOMODATION SERVICES NEEDED: YES NO

A COPY OF THE STUDENT'S HIGH SCHOOL TRANSCRIPT IS ATTACHED WITH THIS APPLICATION: YES NO

HIGH SCHOOL CERTIFICATION:

This student has permission from high school administration to enroll in WITC's Dual Enrollment Academy and meets the Dual Enrollment eligibility criteria.

NAME OF HIGH SCHOOL CONTACT: _____ TITLE: _____

SCHOOL PHONE: (_____) _____ EMAIL: _____

HIGH SCHOOL REPRESENTATIVE SIGNATURE: _____ DATE: _____

GRADE REPORT SHOULD BE EMAILED TO:

ATTN: _____ EMAIL: _____

SECTION VI: WITC DUAL ENROLLMENT ACADEMY ADMISSION APPROVAL – Completed by WITC

I certify I have reviewed this student's application 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: _____

Return completed application by (extended deadline of) Friday, MAY 15, 2020 to:

[email] Natalie.Landgreen@witic.edu

[or mail] Natalie Landgreen, Career Prep Technician, WITC-New Richmond, 1019 South Knowles Ave, New Richmond WI 54017