



WITC Dual Enrollment • HAYWARD
Financial Services Academy Application #30-114-1 HSAC

ACADEMIC YEAR 2020-2021

SECTION I: STUDENT INFORMATION (please print clearly)

LEGAL NAME: \_\_\_\_\_
CURRENT MAILING ADDRESS: \_\_\_\_\_
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ STUDENT PHONE #: (\_\_\_\_) \_\_\_\_\_ PARENT PHONE #: (\_\_\_\_) \_\_\_\_\_
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.

[Empty space for student's personal statement]

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 12<sup>th</sup> 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@witc.edu](mailto:Natalie.Landgreen@witc.edu)**

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