

Dual Enrollment Admission Application

will attend Americus Campus Cris					
ocial Security Number		Program Preferer	nce		
Diploma	Certificate				
mail Address					
Name					
Last		First			Middle
Mailing Address					
Street or Route	City	State	County		Zip Code
elephone Number ()		_ Date of Birth			
Person to contact in event of an eme	rgency:				
mergency Contact Phone Number (_ lease circle current high school grad ame of High School:	e level: 9th 1	0th 11th 12 th	GTID Num	ber	
mergency Contact Phone Number (_ lease circle current high school grad ame of High School:	e level: 9th 1	0th 11th 12 th	GTID Num	ber	
Emergency Contact Phone Number (_Please circle current high school gradelame of High School:Projected Graduation Year	e level: 9th 1	Oth 11th 12 th	GTID Num	ber	
Emergency Contact Phone Number (_Please circle current high school gradelame of High School:Projected Graduation Year	e level: 9th 1	Oth 11th 12 th USE ONLY W R	GTID Num	ber	
mergency Contact Phone Number (_ lease circle current high school grad ame of High School: rojected Graduation Year Next Gen ACCUPLACER Date	e level: 9th 1	Oth 11th 12 th USE ONLY W R	GTID Num	ber	
Please circle current high school grad lame of High School: Projected Graduation Year Next Gen ACCUPLACER Date ACCUPLACER Test Date	e level: 9th 1	Oth 11th 12 th USE ONLY W R W R	GTID Num	ber	
Please circle current high school grad Jame of High School: Projected Graduation Year Next Gen ACCUPLACER Date ACCUPLACER Test Date Compass Test Date	e level: 9th 1	Oth 11th 12 th USE ONLY W R W R	M M	ber	
Please circle current high school grad Jame of High School: Projected Graduation Year Next Gen ACCUPLACER Date ACCUPLACER Test Date Compass Test Date Asset Test Date	e level: 9th 1	Oth 11th 12 th USE ONLY W R W R W R W R	GTID Num M M M	A _ A _ A _ A _ Reading _	
Please circle current high school grad Jame of High School: Projected Graduation Year Next Gen ACCUPLACER Date ACCUPLACER Test Date Compass Test Date Asset Test Date ACT Test Date SAT Test Date	e level: 9th 1	Oth 11th 12 th USE ONLY W R W R W R English N	GTID Num M M M	A _ A _ A _ A _ Reading _	

Are you eligible for the Free or Reduced Lunch Program at your high school? You	es No	Unknown
The information in the following section is optional and is not used in a is used only in the preparation of stati		ility for admission. This da
Sex: Male Female Ethnicity: Are you of Hispanic Choose one or more of the following five racial groups: Race: American Indian or Alaskan Native Asian Blace Native Hawaiian or Other Pacific Islander White		
Application fee waived for high school students. Students attending the s high school graduation will not be charged the application fee. Former Duthe summer/fall semester immediately following high school graduation of the summer of the su	ual Enrollment stu	dents who do not enroll in
As set forth in its student catalog/handbook, South Georgia Technical College docreed, national or ethnic origin, gender, religion, disability, age, political affilia status, or citizenship status (except in those special circumstances permitted or n been designated to handle inquiries regarding the non-discrimination policies: Tit 229.931.2249 or ekinchens@southgatech.edu; or Section 504/ADA Coordinator, Jennifer.robinson@southgatech.edu. South Georgia Technical College is located of Georgia 31709-8167. The Crisp County Campus is located at 402 North Midway R	ation or belief, gene nandated by law). T tle IX Coordinator, E Jennifer Robinson, a at 900 South GA Tec	etic information, veteran the following person(s) has ulish Kinchens, at t 229.931.2595 or th Parkway, Americus,
STUDENT AND PARENT MEMO OF UNI	DERSTANDING	
I have read and understand the policies and procedures outlined in the $\underline{\textbf{D}}$	ual Enrollment Ha	ndbook.
*The dual enrollment handbook can be found on the SGTC dual enrollme	nt website.	
I also understand that failure to adhere to these rules and regulations and student's high school graduation or continuation in the Dual Enrollment p		ass may impact the
I further understand that South Georgia Technical College (SGTC) is not remay occur in route to and from SGTC or while on the SGTC campus.	esponsible for any	accident or injury which
SGTC is hereby authorized to release the participating student's records thigh school. I understand that my social security number, grades, tuition, information are included in my permanent record at SGTC. SGTC is also he student's name, photographic likeness, and quotes for promotional, adversal purpose.	fees, work ethic gereby authorized	rades, and other like to use the participating
By my signature, I agree to these terms and agree that I/my child may par SGTC.	rticipate in the Du	al Enrollment program at
Student Signature	Date	
Parent Signature	Date	

Pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, making a false statement on this application may result in your dismissal from the college.