

ENROLLMENT PLANS

I plan to enter LTC in the year _____ for the (check all that apply):

- Fall Term (Aug)
 Fall Term (Oct)
 Spring Term (Jan)

I plan to attend: Full-Time Part-Time

Daily beginning time: _____

Daily ending time: _____

ALL APPLICANTS SIGN BELOW

I certify that the information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application may result in denial of admission or invalidation of certificate earned. If admitted, I hereby agree to abide by the policies, rules and regulations of Lake Technical College. Should any of the information I have given change prior to my entry, I will immediately notify the Admissions Office.

I AFFIRM THAT:

- I understand that I must be at least 16 years of age in order to enroll.
- I understand that in order to earn a certificate, minimum scores in basic skills (reading, math, and language) are required by state law.
- I understand that there is a special populations coordinator on campus who is available to assist students with disabilities.
- I understand that I may be eligible for transfer hours depending upon my high school career program of study (notify Lake Tech).

_____ Student Signature

_____ Parent/Guardian Signature (if student is under age 18)

Comments: _____

It is my recommendation that this student be enrolled in the job prep program requested since interest and aptitude indicate potential for success in that program.

_____ Counselor Signature

_____ Date

Grade classification for year of enrollment _____

Credits earned in high school _____

Absences this year _____

ESE _____ At-risk _____ Current 504 _____

Passed FCAT Math _____ Yes _____ No _____ N/A

Passed FCAT Reading _____ Yes _____ No _____ N/A

Current GPA (Unweighted) _____

High School transfer hours _____ Yes _____ No

(Prior notification of transfer hours required)

(For office use only)

TABE SCORES

DATE	FORM LEVEL	TESTING SITE	READING	MATH	LANGUAGE	BAS CODE	COUNSELOR

COMMENTS _____

PROGRAM GOAL _____

DATE _____ COUNSELOR _____