



## Dual Enrollment Application Form

Please complete front and back sides of application. *No person shall, on the basis of race, color, creed, religion, sex, age, handicap, marital status, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity under the direction of Lake Technical Charter Board. Lake Technical Center is an equal opportunity institution.*

Today's Date \_\_\_\_\_ Have you attended LTC before?  Yes  No When? \_\_\_\_\_

High school where you are currently enrolled \_\_\_\_\_ Grade \_\_\_\_\_

### PERSONAL INFORMATION (TYPE OR PRINT IN INK) Please complete all items.

Social Security #: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
 Last First Middle Maiden

Permanent Address: \_\_\_\_\_  
 Street City State Zip County

Mailing Address: \_\_\_\_\_  
 Street City State Zip County

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 Month Day Year City State Country

#### Citizenship: (Check one)

U.S. Citizen  Permanent resident alien (copy of card required)  Non-resident alien (copy of visa required)

Have you registered for Selective Service?  Yes  No

#### Emergency contacts (must be parent or guardian):

\_\_\_\_\_  
 Last First (\_\_\_\_) Work Phone (\_\_\_\_) Home Phone

\_\_\_\_\_  
 Relationship (\_\_\_\_) Cell Phone

\_\_\_\_\_  
 Last First (\_\_\_\_) Work Phone (\_\_\_\_) Home Phone

\_\_\_\_\_  
 Relationship (\_\_\_\_) Cell Phone

#### CHECK PROGRAMS OF INTEREST:

##### Arts, A/V Technology & Communication

\_\_\_\_ Digital Design

##### Business Management & Administration

\_\_\_\_ Accounting Operations

\_\_\_\_ Administrative Office Specialist

##### Health Science

\_\_\_\_ EMT (second semester senior only; 18 years of age)\*

\_\_\_\_ Medical Assisting (senior only; full time required)

\_\_\_\_ Nursing Assistant (Articulated)/Home Health Aide (CNA/HHA) (senior only; 18 years of age; full time required)

\_\_\_\_ Patient Care Technician (18 years of age; full time required)

##### Hospitality & Tourism

\_\_\_\_ Commercial Foods & Culinary Arts

##### Human Services

\_\_\_\_ Cosmetology (senior only; full time day or evening)

\_\_\_\_ Facials Specialty (senior only; evening; limited seating)

\_\_\_\_ Nails Specialty (senior only; evening; limited seating)

##### Law, Public Safety and Security

\_\_\_\_ Correctional Officer (second semester senior only; 18 years of age)\*

\_\_\_\_ Fire Fighter (second semester senior only; minimum 17 years of age)\*

##### Manufacturing

\_\_\_\_ Applied Welding Technologies (daytime only)

##### Transportation, Distribution & Logistics

\_\_\_\_ Automotive Collision Repair & Refinishing

\_\_\_\_ Automotive Service Technology

\_\_\_\_ Medium and Heavy Duty Truck and Bus Tech

\*High school graduation requirements must have already been met.

## 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 Center. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade classification for year of enrollment \_\_\_\_\_

Credits earned in high school \_\_\_\_\_

Absences this year \_\_\_\_\_

ESE \_\_\_\_\_ At-risk \_\_\_\_\_ Current 504 \_\_\_\_\_

Passed FCAT Math \_\_\_\_\_ Yes \_\_\_\_\_ No

Passed FCAT Reading \_\_\_\_\_ Yes \_\_\_\_\_ No

Test taken: \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_ PERT

Current GPA (Unweighted) \_\_\_\_\_

To transfer High School hours \_\_\_\_\_ Yes \_\_\_\_\_ No

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

(For office use only)

**TABE SCORES**

DATE	FORM LEVEL	TESTING SITE	READING	MATH	LANGUAGE	BAS CODE	COUNSELOR

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ COUNSELOR \_\_\_\_\_