



Lake Technical College

# CAREER DUAL ENROLLMENT

## APPLICATION ~ 2024/2025

Fall Application period: Feb. 12th– April 25<sup>th</sup> 2024

Spring Application period: Sept. 9 – Nov. 8, 2024

Career Dual Enrollment (“CDE”) is available to Juniors and Seniors. Please complete the application below and obtain School Counselor approval prior to submitting the application. Submit the completed form to Lake Technical College’s Admissions Office at 2001 Kurt Street, Eustis, FL 32726 or submit it via email to: [DonaldsonL@lake.k12.fl.us](mailto:DonaldsonL@lake.k12.fl.us). Spaces are limited in each program and a completed application does not guarantee a seat in the program. Students and counselors will be notified of acceptance into the program in early May and late November. Questions? Please speak with a Career Advisor in Admissions (352)589.2250.

### TO BE COMPLETED BY THE STUDENT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ HIGH SCHOOL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ GRADE LEVEL DURING 2024/2025: \_\_\_\_\_

### Please check your program(s) of interest:

*\* Must be a Senior + Age restrictions ^ Full-time enrollment required # Must have valid Driver’s License*

☐ **Accounting Operations**

(FT: 8:15am-4:15pm; PT: 8:15am-11:45am or 12:15pm-4:15pm)

NEW: Hybrid schedule available ~ Ask for more details!

☐ **Administrative Office Specialist**

(FT: 8:15am-4:15pm; PT: 8:15am-11:45am or 12:15pm-4:15pm)

NEW: Hybrid schedule available ~ Ask for more details!

☐ **Automotive Collision Technology Technician #**

(FT: 8:00am-4:00pm; PT: 8:00am-12:00pm or 12:30pm-4:00pm)

☐ **Automotive Service Technology #**

(FT: 8:00am-4:00pm; PT: 8:00am-12:00pm or 12:30pm-4:00pm)

☐ **Baking & Pastry Arts ^**

(FT Only: 2:00pm-7:00pm)

☐ **CNC Production Specialist \***

(FT: 7:30am-3:30pm; PT: 7:30am-11:30am or 12:00pm-3:30pm)

☐ **Diesel Systems Technician #**

(FT: 8:00am-4:00pm; PT: 8:00am-12:00pm or 12:30pm-4:00pm)

☐ **Enterprise Desktop & Mobile Support Technology**

(FT: 8:15am-4:15pm; PT: 8:15am-11:45am or 12:15pm-4:15pm)

☐ **Cloud Computing & Virtualization**

(FT: 8:15am-4:15pm; PT: 8:15am-11:45am or 12:15pm-4:15pm)

☐ **Heating Ventilation, Air-Conditioning/Refrig. \* #**

(FT: 7:45am-3:45pm; PT: 7:45am-12:00am or 12:30pm-3:45pm)

☐ **Medical Assisting \*+**

(FT: 8:15am-4:15pm; PT: 8:15am-12:15am or 12:45pm-4:15pm)

☐ **Patient Care Technician \*^+**

(FT Only: 8:00am-4:00pm)

☐ **Pharmacy Technician \*+**

(FT: 8:15am-4:15pm; PT: 8:15am-11:45am or 12:15pm-4:00pm)

NEW: Hybrid schedule available ~ Ask for more details!

☐ **Professional Culinary Arts & Hospitality ^**

(FT Only: 7:30am-3:45pm)

☐ **Veterinary Assisting \*^+**

(FT Only: 8:00am-4:00pm ~ Lake County Animal Shelter location)

☐ **Welding Technology\***

(FT: 7:30am-3:30pm; PT: 7:30am-11:30am or 12:00pm-3:30pm)

☐ **Public Safety Telecommunications \*+**

(Online class ~ Begins every 6-8wks)

☐ **I do not know? I need help deciding.**

Not Career Dual Enrollment - Elective/Secondary Credit available for Lake County Schools only:

☐ **Cosmetology \*^**

(FT Only: 8:00am – 4:30pm)

**\*\*\*Class times are approximate and will be finalized during enrollment\*\*\***

### Office Use Only

Date Submitted: \_\_\_\_\_ Program Shadow Done: Yes No BSA Scores: R/L \_\_\_\_\_ M \_\_\_\_\_

Referred to 504 Coordinator: Yes No N/A Program: \_\_\_\_\_ FT PT-AM PT-PM Hybrid

Dean of Student Services: APPROVED DENIED Signature: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**WRITTEN PROMPT:** In approximately 100 words, tell us about your future career goals and how attending Lake Technical College will help you reach them. (Attach a separate paper, if needed)

**PLEASE NOTE:** 504 and IEP accommodations do not automatically transfer to the college. You must self-disclose at the post-secondary level and grant permission for your high school to release the 504 or IEP records. If you wish to do so, use the form on page 3 of the application.

*"We have reviewed and understand the guidelines and expectations outlined in the Career Dual Enrollment Information Packet online (<https://www.laketech.org/high-school-opportunities/steps-to-apply>) and now submit this application for consideration. Also by signing, we permit the School Counselor to release the academic, attendance, and discipline information noted below."*

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL COUNSELOR:**

COUNSELOR NAME: \_\_\_\_\_

- Current GPA: \_\_\_\_\_
- Has the student been suspended from high school and/or have recurring behavioral concerns? \_\_\_\_\_
- Has the student taken the PERT, SAT, or ACT in the past 2 years(if yes, attach scores)? \_\_\_\_\_
- Is the student "on track" for timely graduation? \_\_\_\_\_
- Has student passed all required tests/assessments in order to graduate? \_\_\_\_\_  
If no, what test(s) are needed? \_\_\_\_\_ When will they be retaken? \_\_\_\_\_
- Circle the schedule you prefer for the student. (LTC will do our best to accommodate, no guarantee):  
Full-Time (approx. 8-4)    Part-Time Morning (approx. 8-12)    Part-Time Afternoon (approx.. 12-4)    No preference

Notes/Other:

SIGNATURE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ CISCO EXT#: \_\_\_\_\_

# Authorization for the Release of Educational Records



To Whom it May Concern:

The following student has enrolled at our school. Please send all records including copies of the cumulative files, grades, courses taken, test scores, special education plans, current individualized education plan (IEP), health records, immunizations dates, psychological and/or Social Worker reports, mental health records, discipline records, and behavioral threat assessments if any. Additionally, please include all current grades earned this school year and/or withdrawal grades, if any.

## STUDENT INFORMATION:

Student Legal Name (Last, First, Middle initial)

Date of Birth ( MM/DD/YYYY)

Parent(s) / Guardians(s) Legal Name

Primary Parent Phone Number

## REQUEST RECORDS FROM:

Name of Last School Attended

Mailing Address of Last School Attended

City

State

Zip Code

Phone Number

Fax Number

## RELEASE RECORDS TO:

LAKE TECHNICAL COLLEGE - ATTN: Holly Burkett, Special Populations Coordinator

Receiving Lake County School

2001 KURT STREET

EUSTIS,

FL

32726

Mailing Address of Receiving School

City

State

Zip Code

352.589.2250, Ext. 1835 (burkett@lake.k12.fl.us)

352.483.2611

Phone Number

Fax Number

Security and confidentiality of education, health, and medical records are of critical importance to Lake County Schools. Information contained in a student's educational record is protected by the Family Educational Rights and Privacy Act (FERPA) of 1974 (20 U.S.C. §1232g). "Education record" includes those records, files, documents, and other material that contain information directly related to the student and are maintained by Lake County Schools or a person acting on behalf of Lake County Schools. The Health Insurance Portability and Accountability (HIPAA) of 1996 Privacy Rule (Code of Federal Regulations, Title 45, Part 164) governs how "covered entities" may use and disclose "protected health information." Lake County Schools personnel adhere to all regulations contained in relevant Federal laws and Florida statutes.

Your authorization to release this information is strictly voluntary. You may revoke your authorization for release in writing at any time by providing a written revocation to Lake County Schools. However, any written revocation will not apply to any information already released in response to this authorization. **Without any written revocation, this authorization will remain in effect for one (1) year.**

You have a right to inspect and obtain a copy of any information disclosed. You acknowledge that once disclosed, protected health information may be subject to redisclosure by the recipient, and may no longer be protected by HIPAA's privacy rules.

Per FERPA, educational records requested from a receiving educational institution do not require parent signature for release.

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal and Florida law only to the persons or entities specifically listed.

I, \_\_\_\_\_ (Parent/Guardian/Eligible Student), hereby give my permission for

\_\_\_\_\_ to share records by verbal, written, or electronic means with the Lake County Schools' personnel.

(School/Agency)

Signature: \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_