



Spring 2026 - 2027 DUAL ENROLLMENT APPLICATION CHECKLIST

ENROLLMENT DATES: September 1 – November 15

Name: _____ Student ID _____

High School: _____ DOB: ____/____/____ (MM/DD/YYYY)

To ensure that you have included a completed application and required documentation, verify that all the following requirements have been completed. Failure to complete all necessary steps is justification for denial from the applicant pool. Incomplete applications will not be considered.

Please include this checklist with the application packet.

- ____ 1. Complete a **FOCUS online application**: Visit our website at www.lakotech.org and select the "APPLY NOW" tab.
- ____ 2. Print and complete the Career Dual Enrollment (CDE) Application – <https://www.lakotech.org/high-school-opportunities/steps-to-apply>
- ____ 3. Public and private school students attach current transcripts and applicable test scores
- ____ 4. Provide a copy of your valid Driver's License if applicable
- ____ 5. Meet with your high school counselor or home education principal/parent to complete the Dual Enrollment Application and obtain their signature
- ____ 6. Meet with a Career Advisor and provide the completed **CDE Application** to Lake Tech Admissions (Eustis Campus)
- ____ 7. If homeschooled – provide Homeschool Verification Letter to Lake Tech Admissions

Verified by LTC Admissions Staff Member: _____ Date: _____

- ____ 8. Schedule Basic Skills Assessment (*if needed*) to meet testing requirements. Date Scheduled: _____
***Please note: The testing deadline for all CDE applicants is November 12th.**

- ____ 9. Attend a required Program Shadow:

Eustis Campus:

☐ September 9th

☐ October 14th

☐ November 12th

Verified by LTC Admissions Staff Member: _____ Date: _____

- ____ 10. I have read the Lake Technical College Dual Enrollment Application Process – FAQ's Student Initials: _____

- ____ 11. I understand some fees are associated with Career Dual Enrollment Student Initials: _____

Student Signature _____ Date: _____

Verified Packet is Complete LTC Career Advisor: _____ Date: _____



Lake Technical College

CAREER DUAL ENROLLMENT

SPRING APPLICATION ~ 2026/2027

Spring Application period: September 1 – November 15, 2026

To start the application process for Career Dual Enrollment (“CDE”), please provide the information below and submit the completed form to Lake Technical College’s Admissions Office at 2001 Kurt Street, Eustis, FL 32726. Completing all dual enrollment requirements requires multiple steps, so it is recommended that you begin the process early in the application period. All pages of this form and all application steps must be completed and submitted in person to LTC Admissions before the deadline to be considered for dual enrollment.

TO BE COMPLETED BY THE STUDENT

LAST NAME: _____ FIRST NAME: _____

CELL PHONE #: _____ HIGH SCHOOL _____

EMAIL ADDRESS: _____

CURRENT GPA: _____ GRADE DURING 2026/2027: 11th ☐ 12th ☐ BIRTHDATE: _____

VALID DRIVER’S LICENSE: YES ☐ NO ☐ COUNSELOR NAME: _____ CAMPUS: EUSTIS ☐ CLERMONT ☐

HOMESCHOOLED: COMPLETED REGISTRATION WITH LAKE COUNTY HOME EDUCATION OFFICE: YES ☐ NO ☐

Please check your program of interest:

** Must be a Senior; + Age restrictions; ^ Full-time enrollment required; # Must have valid Driver’s License
<Hybrid Schedule Available; ° Transportation Innovation Hub; ~ Institute of Public Safety; >Lake County Animal Shelter;
“LTC-South Campus (Clermont); ~Fall Registration; ∞Spring Enrollment
*Class times are approximate and will be finalized during enrollment**

☐ **Accounting Operations <**
(FT: 8:15am-4:15pm; PT: 8:15am-11:45am or 12:15pm-4:15pm)

☐ **Emergency Medical Technician (ATD)*+ # ~**
(IPS Campus FT: 6:00pm-10:00pm)

☐ **Administrative Office Specialist <**
(FT: 8:15am-4:15pm; PT: 8:15am-11:45am or 12:15pm-4:15pm)

☐ **NEW! Industrial Machinery Maintenance 1 *^**
(FT: 7:30am-3:30pm)

☐ **Advanced Manufacturing & Production Technology ***
(FT: 7:30am-3:30pm; 12:00pm-3:30pm)

☐ **Medical Assisting *+^#**
(FT: 8:15am-4:15pm)

☐ **NEW! Aluminum Welding and Fabrication *^**
(FT: 12:15pm-5:30pm)

☐ **Patient Care Technician *+^#**
(FT: 8:00am-4:00pm)

☐ **Automotive Collision Technology Technician #^**
(FT: 8:00am-4:00pm)

☐ **Pharmacy Technician *+ #**
(FT: 8:15am-4:15pm; PT: 12:30pm-4:15pm)

☐ **Cloud Computing & Virtualization**
(FT: 8:00am-4:00pm; PT: 12:30pm-4:00pm)

☐ **Phlebotomy *+**
(Eustis Campus PT: 5:00pm-9:00pm)

☐ **CNC Production Specialist *^**
(FT: 7:30am-3:30pm)

☐ **Professional Culinary Arts & Hospitality ^**
(FT: 7:30am-3:45pm)

☐ **Computer Systems & Information Technology (CSIT)**
(FT: 8:00am-4:00pm; PT: 12:30pm-4:00pm)

☐ **Public Safety Telecommunications *+ ~ #**
(Online class)

☐ **NEW! Electricity *°**
(FT: 8:00am-4:00pm; PT: 12:30pm-4:00pm)

TO BE COMPLETED BY GUIDANCE COUNSELOR:

COUNSELOR NAME: _____ PHONE #: _____ CISCO EXT: _____

- Current GPA: _____
- Does the student have a 504 or IEP? (If yes, attach documentation): YES ☐ NO ☐
- Has the student been suspended from high school and/or have recurring behavioral concerns? YES ☐ NO ☐
- Has the student maintained a good attendance during the current and prior school year? YES ☐ NO ☐
- Has the student taken the PERT, SAT, or ACT in the past 2 years? (If yes, attach scores) YES ☐ NO ☐
- Is the student "on track" for timely graduation? YES ☐ NO ☐
- Has the student passed all required core classes, tests, assessments, etc., to graduate? YES ☐ NO ☐
 - If no, what test(s) are needed? _____
 - When will they be retaken? _____
- Check 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: _____

COUNSELOR SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY STUDENT:

WRITTEN PROMPT: In approximately 100 words, tell us why you are applying to Lake Technical College for Career Dual Enrollment. Please include your future career goals and how attending your selected program will help you reach them. (Attach a separate paper, if needed)

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.

Student Signature: _____ Guardian Signature: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

CONTACT #: _____ EMAIL: _____

Office Use OnlyDate Submitted: _____ Info. Release Signed: YES ☐ NO ☐ 504: YES ☐ NO ☐

Program Shadow Date: _____ Homeschool Letter: _____ BSA: R _____ M _____

Approved Program: _____ Time Scheduled: _____

Dean of Student Services: Approved ☐ Denied ☐ Date: _____ Signature: _____



Lake Technical College

CAREER DUAL ENROLLMENT PROGRAM SHADOW

**Interested in learning more about
a Lake Tech program?**

Join us for a Program Shadow where you will learn more about the college environment, potential career paths, and bridging the gap between high school and higher education. Meet the instructor, tour the program area, and more!

**PLEASE WEAR LONG PANTS AND CLOSED-TOE SHOES.
SAFETY GLASSES MAY BE REQUIRED.**

EUSTIS CAMPUS

@ 2:30 PM:

**SEPTEMBER 9, 2026
OCTOBER 14, 2026
NOVEMBER 12, 2026**

**(352) 589-2250
www.laketechnology.org**

**MAIN CAMPUS
2001 KURT ST.
EUSTIS, FL 32726**

CAREER DUAL ENROLLMENT (CDE) RELEASE OF INFORMATION FORM

Lake Technical College

2001 Kurt Street
Eustis, Florida 32726
352.589.2250
www.laketech.org



Lake Technical College

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student educational records. Even though Career Dual Enrollment (CDE) students may be considered "dependent minors," under FERPA they have rights to privacy in all matters relating to their post-secondary educational record. Generally, Lake Technical College (LTC) will not release details relating to protected student information to non-LCSB officials without the student's written consent. The practice of not releasing information extends to the release of information to parents and guardians. LTC strongly suggests that students complete the LTC Release of Information Form (below) in order to comply with FERPA guidelines prior to enrollment so LTC will be able to communicate with the parent/guardian.

As a CDE student, LTC's communication with the home high school guidance counselor, staff, and/or administration is absolutely necessary and allowed without written consent. Under FERPA, the CDE postsecondary student may elect to allow LTC to speak to additional individuals (parents/guardians/etc.) with written consent, or they may elect to decline the release of any information to these additional individuals. Please indicate your choice below:

RELEASE OF INFORMATION

Date: _____ Student ID#: _____

Printed name of Student: _____

☐ I GIVE PERMISSION to LTC to give the following person(s) and/or organization(s) information regarding my participation, progress, and behavior in my program at LTC. I understand that I may withdraw permission if I submit a request in writing to the Admissions Office of Lake Technical College. **Initial:** _____

NAME OF PERSON and/or ORGANIZATION	PHONE NUMBER

☐ I DO NOT GIVE PERMISSION to LTC to release any information regarding my participation, progress, and behavior in my program at LTC to any additional person(s) or organization(s). **Initial:** _____

Signature of Student

Signature of witness

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: Admissions, Special Populations Advisor

Receiving Lake County School

2001 KURT STREET

EUSTIS,

FL

32726

Mailing Address of Receiving School

City

State

Zip Code

352.589.2250, Press #1 (LTCAdmissions@lake.k12.fl.us) 352.483.2611

Phone Number

Email

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) _____