



Dual Enrollment Application Form

Please complete front and back sides of application. *Lake Technical College prohibits discrimination in admission to, or access to, or employment in its programs and activities on the basis of race, color, national origin, sex or sexual orientation, marital status, age, religion, disability, genetic information, gender identity or expression, or any other characteristic prohibited by law. The district provides equal access to district facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act.*

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)

____ Pharmacy Technician (18 years of age by completion of the first 300 program hours)

Hospitality & Tourism

____ Commercial Foods and Culinary Arts

Human Services

____ Cosmetology (senior only; full time day; secondary credit only).

Law, Public Safety and Security

____ Correctional Officer (second semester senior only; 18 years of age) - tentative offering*

____ Fire Fighter (second semester senior only)*

Manufacturing

____ Applied Welding Technologies

Transportation, Distribution & Logistics

____ Automotive Collision Repair and Refinishing

____ Automotive Service Technology

____ Medium and Heavy Duty Truck and Bus

____ Technician

____ HVAC

*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 _____ N/A

Passed FCAT Reading _____ Yes _____ No _____ N/A

Current GPA (Unweighted) _____

High School transfer hours _____ Yes _____ No

(Prior notification of transfer hours required)

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 _____

PROGRAM GOAL _____

DATE _____ COUNSELOR _____