



STUDENT APPLICATION

Personal Data:

Name (FULL LEGAL NAME first, middle, last): <i>PLEASE PRINT CAREFULLY</i>			
Social Security Number:		Date of Birth:	
Today's date	Registration for (circle one)	fall	spring both
Permanent Mailing Address:			
City:	County:	State:	Zip code:
Name of Parents/Guardian:			
Address if different than above:			
Home Phone:		Cell phone:	
High School Currently Attending:		District Number:	
Grade in school 10 11 12 (circle one)		Anticipated graduation date from high school (year)	
<p><i>The following will be used for research and reporting only. Submission of this information is voluntary. It will not be used as a basis for admission or in a discriminatory manner.</i></p> <p>Gender (circle one): Male Female</p> <p>Ethnicity (circle one): Hispanic or Latino (<i>Spanish culture</i>)- American Indian or Alaskan native (<i>North, Central, South America with Tribal affiliation</i>) – Asian (<i>Far East, Southeast Asia, or Indian continent</i>) - Black or African American (<i>any black racial group of Africa</i>) - Native Hawaiian or Pacific Islands (<i>Hawaii, Guam, Samoa, or Pacific Islands</i>) - White (<i>Europe, Middle East, or North Africa</i>) – Two or More Races</p> <p>What is the highest level of education for your parents or guardians?</p> <p>Parent/Guardian #1: ___ No high school diploma ___ High school diploma ___ Some college ___ Two-year college degree/diploma ___ Bachelor's degree or higher ___ Not sure/don't know</p> <p>Parent/Guardian #2: ___ No high school diploma ___ High school diploma ___ Some college ___ Two-year college degree/diploma ___ Bachelor's degree or higher ___ Not sure/don't know</p>			

This is my application to Discovery Academy. I certify that the information provided is true and correct.

Student Signature:	Date:
Parent/Guardian Signature:	Date:

B

DISCOVERY ACADEMY COURSE REGISTRATION

Student registration requests:

Department	Course #	Course Name	Number of Credits	Term (F) or (S)

High school enrollment authorization:

The signature certifies that this student has the academic ability to be successful in this type of college course(s).

Signature of Certifying Official

Title

Date

By signing below, enrollment is authorized. A complete class roster will be e-mailed to the course instructor for verification.

School District Authorized Signature

Title

Date

School official - Please return application/course registration/disclosure forms to:

Sandra Fabian, MA - Director
Academic & Innovative Partnerships
St. Cloud Technical & Community College
1540 Northway Drive
St. Cloud, MN 56303

Student/parent

If you have questions or need to request accommodations,
Please call: 320-308-8888
www.sctccd.discovery.com





Discover Your Possibilities
www.sctccd.discovery.com

Request to Prevent Disclosure of Information (If you are under 18 discuss this form with your parents)

The items listed are designated as media, marketing, and directory information and may be released for any purpose at the discretion of the college. Under the provisions of the Family Education Rights and Privacy Act (FERPA) of 1974, as Amended, you have the right to inform the college that any or all of the public information listed below should not be released without your consent.

Please consider very carefully the consequences of any decision by you to prevent release of information. The college will not assume responsibility to contact you for subsequent permission to release information. Information is shared for purposes such as honors, awards, scholarships, projects, and photos for promotional purposes.

Please mark the appropriate lines and sign and date below to indicate your **disapproval** for the college to release the following directory information. **Whatever you do not mark is OK to share.**

- Name
- Address
- Phone number
- Major
- Dates of attendance and enrollment status
- Degrees and Awards received
- Height and weight of members of athletic teams
- Participation in officially recognized activities and sports
- Photograph or photographic likeness

This form **must be signed and dated and be on file** in the Office of Academic & Innovative Partnerships at St. Cloud Technical & Community College.

Student Name (print): _____

Student Signature: _____

Date: _____

FOR PARENTAL DISCLOSURE REGARDING COURSE PROGRESS

I hereby authorize St. Cloud Technical & Community College and my high school to disclose information to

_____ (parent/guardian) regarding my grades and progress in Discovery Academy.

Student Signature: _____

Date: _____