

# Polk County Early College Application

## 2021-2022 Application for Admission

Application and supplemental documents must be completed and returned to PCEC by May 15, 2021.

### Student's Personal Data:

Student Name:

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NCWISE#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number (Required by College): \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Street Address:

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City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different):

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

How did you hear about Polk County Early College High School?

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Student resides with:

Mother & Father  Mother Only  Mother & Stepfather

Father Only  Father & Stepmother  Guardian

Other (please specify) \_\_\_\_\_

Name(s) of the adults indicated above:

Mother/Female Guardian Name: \_\_\_\_\_

Mother Phone #: \_\_\_\_\_ Mother Email: \_\_\_\_\_

Father/Male Guardian Name: \_\_\_\_\_

Father Phone #: \_\_\_\_\_ Father Email: \_\_\_\_\_

### Education Data:

Current School:

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What career do you plan to pursue?

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**To be completed by the Parent/Guardian:**

This page is to be completed by the Parent/Guardian. All information given on this page is confidential and is needed for Federal/State reports.

Ethnic/Race Data (mark all that apply):

American Indian/ Alaskan Native       Asian       Hispanic  
 African- American/ Black       Hawaiian/ Pacific Islander       White

**Education/Economic Data (Please check as appropriate for each Parent/Guardian):****Father's Education:**

Did Not finish High School  
 High School Graduate  
 Community, Technical, or Junior College Graduate  
 Four-year College Graduate  
 Trade or Business School Graduate  
 Graduate School Degree or Beyond

**Mother's Education:**

Did Not finish High School  
 High School Graduate  
 Community, Technical, or Junior College Graduate  
 Four-year College Graduate  
 Trade or Business School Graduate  
 Graduate School Degree or Beyond

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**Family Income Level (Yearly Income):**

Less than \$15,000

\$45,001- \$60,000

\$15,001- \$30,000

\$60,001- \$75,000

\$30,001- \$45,000

Greater than \$75,001

I choose not to disclose income information.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Agreements and Assurance:

In signing below, applying students and their parent(s)/legal guardian(s) indicate that they understand the commitment of effort and time required of students accepted by Polk County Early College High School. If accepted the applicant agrees to abide by the rules and expectations set by Isothermal Community College and the administrators and staff of Polk County Schools.

If at the end of the first year of high school I am unable or unwilling to continue studies at Isothermal Community College through the Early College Program, I will be reassigned to the high school in my attendance zone.

I understand that Polk County Early College High School students must adhere to the policies of Isothermal Community College and of Polk County Schools. By signing and submitting this application my parent(s)/legal guardian(s) and I understand that behavior or attendance problems will be sufficient cause to be withdrawn from Polk County Early College High School and the students will be assigned to an alternate setting.

## I also agree to the following:

- I understand that my commitment to Polk County Early College High School is for at least one full academic year.
- I expect to complete a two-year degree program while at Polk County Early College High School.
- I believe I am able to complete college level course work.
- I will maintain high academic and behavior standards.
- I understand there are only limited student/advisor formed clubs.
- I understand that the Polk County Early College High School will operate on a modified Polk County Schools/ Isothermal Community College Calendar.
- I understand that the Polk County Early College High School is a five-year program in order to meet both high school and Associate Degree requirements.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**THREE REFERENCES REQUIRED.** One reference should be from your school counselor, one from a teacher at your current school, and one should be from someone who can speak to your character traits within the community (not a relative).

Reference #1: Counselor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference #2: Teacher Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reference #3: Community Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

# Polk County Early College Application

## Application for Admission Request for Reference - Teacher

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she waives such access.

### To be completed by Applicant:

1. Name of Applicant \_\_\_\_\_
2. Middle School \_\_\_\_\_
3. (Optional) I hereby waive my right of access to the material recorded below.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To be completed by Respondent:

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Problem-solving Ability					
Responsibility					
Leadership Ability					
Behavior					
Interpersonal Skills					
Respect					
Motivation					
Perseverance					

# Polk County Early College Application

I have known the applicant for approximately \_\_\_\_\_ years.

In the capacity of \_\_\_\_\_

In summary:

Highly Recommend

Recommend with reservations

Do not recommend

Respondent's signature: \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Name Printed or typed: \_\_\_\_\_

Address \_\_\_\_\_

*To the Respondent:* May we have your judgment of this candidate's qualifications, and promise of the candidate's intellectual ability, motivation, respect, responsibility and capacity for rigor. (Please use the space below or the back of this sheet if more space is needed.)

Please return this form to the **Applicant in a sealed envelope.**



# Polk County Early College Application

## Application for Admission Request for Reference – School Counselor

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she waives such access.

### To be completed by Applicant:

1. Name of Applicant \_\_\_\_\_
2. Middle School \_\_\_\_\_
3. (Optional) I hereby waive my right of access to the material recorded below.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To be completed by Respondent:

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Problem-solving Ability					
Responsibility					
Leadership Ability					
Behavior					
Interpersonal Skills					
Respect					
Motivation					
Perseverance					

# Polk County Early College Application

I have known the applicant for approximately \_\_\_\_\_ years.

In the capacity

of \_\_\_\_\_

In summary:

Highly Recommend

Recommend with Reservations

Do Not Recommend

Respondent's signature: \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Name Printed or Typed: \_\_\_\_\_

Address \_\_\_\_\_

*To the Respondent:* May we have your judgment of this candidate's qualifications, and promise of the candidate's intellectual ability, motivation, respect, responsibility and capacity for rigor.

(Please use the space below or the back of this sheet if more space is needed.)

Please return this form to **the Applicant in a sealed envelope.**

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## Application for Admission Request for Reference – Community Representative

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she waives such access.

### To be completed by Applicant:

1. Name of Applicant \_\_\_\_\_
2. Middle School \_\_\_\_\_
3. (Optional) I hereby waive my right of access to the material recorded below.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To be completed by Respondent:

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Writing Ability					
Speaking Ability					
Problem-solving Ability					
Responsibility					
Leadership Ability					
Behavior					
Interpersonal Skills					
Respect					
Motivation					
Perseverance					

# Polk County Early College Application

I have known the applicant for approximately \_\_\_\_\_ years.

In the capacity of \_\_\_\_\_

In summary:

Highly Recommend

Recommend with Reservations

Do not Recommend

Respondent's signature: \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Name Printed or Typed: \_\_\_\_\_

Address \_\_\_\_\_

*To the Respondent:* May we have your judgment of this candidate's qualifications, and promise of the candidate's intellectual ability, motivation, respect, responsibility and capacity for rigor. (Please use the space below or the back of this sheet if more space is needed.)

Please return this form to the **Applicant in a sealed envelope.**

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