

Community College *of* Philadelphia

The College requires placement testing that measures your skills in reading, writing and math. This test will help determine your placement into specific curriculum and classes. If you require special accommodations due to a disability, please contact the College's Center on Disability at 215-751-8050.

What is your native language?

- | | | | | | |
|---|------------------------------------|--|--|--|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Arabic | <input type="checkbox"/> Cambodian/Khmer | <input type="checkbox"/> Chinese | <input type="checkbox"/> French/Creole | <input type="checkbox"/> Gujarti |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Polish | <input type="checkbox"/> Russian/Ukrainian | <input type="checkbox"/> Spanish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other (please specify) | | | | | |

Philadelphia public and charter school students may apply to the Early Scholars program when signatures of the student, his/her parent/guardian and central office appear on the form below.

All students seeking to enroll in the Early Scholars program must complete the Community College of Philadelphia assessment test and achieve at least level 4 in English and 017 in mathematics. Only students placing at those levels or higher will be qualified to enroll in classes through the Early Scholars program.

Tuition and fees for up to 6 credits per semester for the Early Scholars program are the full responsibility of the Early Scholars program. Students are not eligible for financial aid.

Student

I authorize Community College of Philadelphia to furnish _____
(Name of high school)

any and all information pertaining to my academic record while I am enrolled in Community College of Philadelphia as an Early Scholar. I hereby release Community College of Philadelphia from any liability or damage that may result from furnishing the information requested. I understand that Early Scholars students must comply with all College policies including requirements for attendance and class and campus behavior.

I affirm that all the information given by me in this application is true to the best of my knowledge. I understand that falsification of information is perjury and may be grounds for dismissal. I further affirm that all claims regarding my legal residence are correct and honestly presented. I have no intention to willfully defraud the College or its sponsoring agencies.

Signature

Date

Parent/Guardian

The above named student has permission to enroll in the Early Scholars program at Community College of Philadelphia:

Signature

Date

Superintendent/Principal (Central Office Official)

The above named student has permission to enroll in the Early Scholars program at Community College of Philadelphia:

Name (Print)

Superintendent/Principal
Central Office Official

Signature

Date

If you require special accommodations due to a disability, please call 215-751-8050.

Affirmative Action Statement

Community College of Philadelphia is committed to the principles of equal employment and equal educational opportunity and does not discriminate on the basis of race, color, ancestry, creed, national origin, age, sexual preference, religion, sex/gender, individuals with disabilities, protected veterans, marital status, genetic information or any other protected category under the applicable local, state, or federal law. Any questions regarding this statement should be directed to Simon Brown, director of Diversity and Equity, located in Room M2-3; telephone number 215-751-8039.

Educational Records Release

I agree to allow Community College of Philadelphia to disclose information contained in my son's/daughter's records which will include, but is not limited to information on attendance, participation, behavior, grades, test scores, and placement test scores to appropriate officials at his/her home high school.

I understand that under the Family Educational Rights and Privacy Act (FERPA), Community College of Philadelphia is required to obtain my consent before releasing any information and my signature below indicates my consent.

I understand that under certain conditions outlined in FERPA, Community College of Philadelphia is able to disclose "directory" information, such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance, without my consent to school officials with legitimate educational interests.

Name _____
Parent/Guardian (Print Name) Signature Date

Name _____
Student (Print Name) Signature Date