

Early Scholars Program ApplicationDual Enrollment Program for 11th and 12th Graders

• indicates a required field

Last Name ●	First Name •		Middle	Former Name, if any
Address •				
City •		State •		Zip •
Day Phone ● ext.	Evening Phone •		ext.	Cell Phone
Email Address ●				
The following information, except for Social Security Number and owill be kept confidential. Your Social Security Number and citizensl				only. All information in this section
Your Social Security Number will not be used as your identification application is processed.			,	arate ID number once your admissions
Gender:		Birth Date: Month	Date Year	
Social Security Number •:	_ Citize	enship∙: ☐ U.S. Citizen ☐ Eligible Non Cit	Non Citizen	s, Special Refugee, Political Asylum)
Ethnicity/Race: American Indian or Alask	an Native	☐ Black Non-Hispanic☐ White Non-Hispanic		☐ Asian or Pacific Islander ☐ Other
Please Indicate the semester and year when you would like to begi	n classes at Community C	follege of Philadelphia. •		
Fall 20 September Spring 20 January		Early Summer 20 May	_	Late Summer 20 July
How long have you legally resided in the United States? • How long have you legally resided in the state of Pennsylvania? • How long have you legally resided in the city of Philadelphia? •			n(s)	
This se	ction to be completed and	I signed by a High School Officia	al •	
High School Name	City			State
Anticipated Cumulative GPA Graduation Month Year	on a 4.0 scale)	Current Math Grade (A, B, C, D)	Current Eng (A, B,	ylish Grade C, D)
This Student is a : Junior Senior				
Has the student taken the SAT? \square Yes \square No If yes, what date did	d he/she take the SAT?			
SAT Total Score: SAT Math Score: SAT Cr	itical Reading Score:	SAT Writing Score:		
Has the student taken the ACT? ☐ Yes ☐ No If yes, what date di	d you take the ACT?			
ACT Composite Score: English ACT Score:	Math ACT Score:	Reading Score:	Science ACT Score	2:
I certify that this student has no record of serious absenteeism or chigh school.	ther attendance issues w	hile in high school. This student	has no record of serious	disciplinary infractions while in
Named High School Official (Print)	Signature	and Date	Hi	igh School Official Title

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? ☐ English □ Arabic Cambodian/Khmer Chinese French/Creole Guiarti ☐ Korean ☐ Malayalam Polish Russian/Ukrainian Spanish Vietnamese 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 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: Date Name (Print) Signature Superintendent/Principal Central Office Official 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

092316



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