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# **Early College and Career Academy Student Application**

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*Please print clearly when filling out this form.*

*In addition to this document, students will need to fill out Parkland College's Admissions Form:*

<http://www.parkland.edu/getStarted/apply/applynow.aspx>

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## **Student Information**

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Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Home High School \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Graduation Year \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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## **Parent/Guardian Information**

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Mother/Female Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father/Male Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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I give permission for my son/daughter to enroll in classes offered by the Early College and Career Academy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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# **Early College and Career Academy**

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Student Name \_\_\_\_\_

Please mark below the program in which you wish to enroll. If you wish to indicate multiple choices, please indicate with a 1 (first choice) or 2 (second choice).

- High School and Parkland College credit will be awarded for each program.

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## **ECCA Programs**

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\_\_\_\_\_ Automotive Technology – 1<sup>st</sup> Year      \_\_\_\_\_ Automotive Technology – 2<sup>nd</sup> Year  
\_\_\_\_\_ Computer Networking – 1<sup>st</sup> Year      \_\_\_\_\_ Computer Networking – 2<sup>nd</sup> Year  
\_\_\_\_\_ Manufacturing – 1<sup>st</sup> Year      \_\_\_\_\_ Manufacturing – 2<sup>nd</sup> Year  
\_\_\_\_\_ Criminal Justice (seniors only unless approved by ECCA Director and School Guidance Counselor)  
\_\_\_\_\_ Health Professions - Certified Nursing Assistant  
\_\_\_\_\_ Health Professions - Emergency Medical Services (EMT) (Seniors Only)

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## **Counselor's Application Checklist – to be completed by High School Counselor**

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Student's State SIS# \_\_\_\_\_

\_\_\_\_\_ Transcript (including attendance, GPA, and ACT scores (if applicable))

\_\_\_\_\_ Student completed Parkland College's admissions form

Does the student have an IEP or 504 plan? (Check those that apply below)

\_\_\_\_\_ IEP      \_\_\_\_\_ 504 Plan

<u>Attendance History (if not on transcript):</u>
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Current School Year:	Absences _____	Tardies _____
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Previous School Year:	Absences _____	Tardies _____
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**The participating district has approved the enrollment of this student in the Early College and Career Academy.**

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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*For Office Use Only:*

Date Received at EFE #330: \_\_\_\_\_

Transcript: Yes \_\_\_\_\_ No \_\_\_\_\_