



Dual Enrollment Application for Admissions

www.coastalpines.edu

Today's Date: _____

SOCIAL SECURITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF BIRTH (MM/DD/YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MALE	FEMALE
LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS			CITY	STATE	ZIP CODE
E-MAIL ADDRESS			CELL PHONE NUMBER		HOME PHONE NUMBER

EMERGENCY CONTACT INFORMATION			Please submit the name and phone numbers of whom to contact for you in case of emergency.		
NAME			RELATIONSHIP		
WORK PHONE		HOME PHONE		CELL PHONE	

RESIDENCY INFORMATION	
Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If you answered NO to the above, are you in the US on a VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are NOT on a VISA, what is your country of birth/citizenship?	

STATISTICAL DATA		This voluntary information is used for purposes of reporting to federal compliance agencies.	
RACE ARE YOU HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> American Indian or Alaskan Native (1) <input type="checkbox"/> Asian (2) <input type="checkbox"/> Black or African American (3) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (4) <input type="checkbox"/> White (5)			

HIGH SCHOOL INFORMATION	
I will graduate from: _____ (Name of High School) Graduation Year: _____	
Current Grade: <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	

MILITARY STATUS	FIRST GENERATION STUDENT
Are you a DEPENDENT of Active Duty military? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine <input type="checkbox"/> Navy <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist	Did your father graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Did your mother graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

PROGRAM & STUDENT TYPE INFORMATION	
<input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> OTHER	PROGRAM OF STUDY: _____
SEMESTER TO BEGIN: Year: _____ <input type="checkbox"/> FALL (AUGUST) <input type="checkbox"/> SPRING (JANUARY) <input type="checkbox"/> SUMMER (MAY)	
CAMPUS: <input type="checkbox"/> WAYCROSS <input type="checkbox"/> JESUP <input type="checkbox"/> GOLDEN ISLES <input type="checkbox"/> CAMDEN <input type="checkbox"/> HAZLEHURST <input type="checkbox"/> BAXLEY <input type="checkbox"/> ALMA <input type="checkbox"/> HIGH SCHOOL _____	

(COLLEGE USE ONLY)		
Accuplacer Placement Test Scores: Reading: _____ Sentence Skills: _____ Arithmetic: _____ Elementary Algebra: _____	SAT Scores: Critical Reading: _____ Mathematics: _____	ACT Scores: Reading: _____ Math: _____ English: _____

FERPA RELEASE

I, the undersigned, authorize CPTC to release records and information relating to grades, course performance, disciplinary proceedings, tuition and fees, schedules, and financial aid

To _____

(Parent or Guardian)

To _____

(Name of High School)

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to CPTC, but that any such revocation.

Student Signature _____

My signature on this application is my acknowledgment of an agreement with the statements that follow:

- I understand that pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, making a false statement on this application may result in dismissal from the College.
- I, the student, am at least in 9th grade at the time of acceptance or I have received a presidential waiver.
- I, the parent or guardian, also understand that failure to adhere to these rules and regulations and/or failure of a class may impact my child's high school graduation or continuation in the dual credit program.
- All materials submitted for application become the property of Coastal Pines Technical College and will not be returned.
- I give permission for Coastal Pines Technical College to release information to potential employers as part of the career services provided by the College.
- I understand that Coastal Pines Technical College is not liable for any emergency medical attention provided nor for charges incurred from such.
- I understand the Coastal Pines Technical College Catalog and Student Handbook is available online at www.coastalpines.edu and is available in digital format in the Student Affairs office on my local campus.
- I give Coastal Pines Technical College permission to contact me at the telephone numbers I have provided via any means, including text message or voice.
- I, hereby, consent to the release of directory information, as defined in the College catalog/handbook.
- By submitting this application and upon my admission to the college, I understand that my name, quotations, and photographic likeness may be used in all forms and media for advertising, trade, and any other lawful purposes on behalf of Coastal Pines Technical College or the Technical College System of Georgia and that I will not receive now or in the future compensation for this usage. I also understand that my name, quotations, and photographic likeness may be posted on the Coastal Pines Technical College website and/or its official social media sites, and can be downloaded by any computer user on or off campus. Therefore, I agree to indemnify and hold harmless from any claims the Technical College System of Georgia, the State of Georgia and all employees of Coastal Pines Technical College. I understand that, as a student it is my responsibility to notify the Coastal Pines Technical College Office of Student Affairs at 1701 Carswell Avenue, Waycross, GA 31503, if I refuse to have my name, quotations or photographic likeness used for the College's unlimited purposes.

Parent Signature

Date

Student Signature

Date

Contact Information

Kate Bussey

101 West 17th St
Alma, GA 31510

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Cell: (912) 387-1973
kbussey@coastalpines.edu

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As set forth in its student catalog, Coastal Pines Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following individuals have been designated to coordinate the College's implementation of non-discrimination policies: Katrina Howard, Title IX Coordinator, Office 132, khoward@altamahatech.edu, 912-427-5876 and Cathy Montgomery, ADA/Section 504 Coordinator, Office 174, cmontgomery@altamahatech.edu, 912-427-6265; **Coastal Pines Technical College**, 1777 W. Cherry Street, Jesup, GA 31545.