



Move on When Ready Application for Admissions

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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"/>	DATE OF BIRTH (MM/DD/YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MALE	FEMALE
				<input type="checkbox"/>	<input type="checkbox"/>

LAST NAME	FIRST NAME	MIDDLE NAME
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MAILING ADDRESS	CITY	STATE	ZIP CODE	COUNTY
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E-MAIL ADDRESS	CELL PHONE NUMBER	HOME PHONE NUMBER
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EMERGENCY CONTACT INFORMATION Please submit the name and phone numbers of whom to contact for you in case of emergency.

NAME	RELATIONSHIP
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WORK PHONE	HOME PHONE	CELL PHONE
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RESIDENCY INFORMATION

Are you a U.S. citizen? YES NO

If you answered NO to the above, are you in the US on a VISA? YES 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? YES NO

American Indian or Alaskan Native (1) Asian (2) Black or African American (3) Native Hawaiian or other Pacific Islander (4) White (5)

HIGH SCHOOL INFORMATION

I will graduate from: _____ (Name of High School) Graduation Year: _____

Current Grade: 9th 10th 11th 12th

MILITARY STATUS	FIRST GENERATION STUDENT
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Are you a DEPENDENT of Active Duty military? YES NO

Air Force Army Coast Guard Marine

Navy Veteran National Guard Reservist

Did your father graduate from college? YES NO UNKNOWN

Did your mother graduate from college? YES NO UNKNOWN

PROGRAM & STUDENT TYPE INFORMATION

<input type="checkbox"/> DEGREE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> OTHER	PROGRAM OF STUDY: _____
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SEMESTER TO BEGIN: Year: _____ FALL (AUGUST) SPRING (JANUARY) SUMMER (MAY)

CAMPUS: WAYCROSS JESUP GOLDEN ISLES CAMDEN HAZLEHURST BAXLEY ALMA HIGH SCHOOL _____

ENTERING STATUS: MOWR JOINT SPECIAL ADMIT

(COLLEGE USE ONLY)

Accuplacer Placement Test Scores:	SAT Scores:	ACT Scores:
Reading: _____ Sentence Skills _____	Critical Reading: _____	Reading: _____ Math: _____
	Mathematics: _____	

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.

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 acknowledge the FERPA release of the parent/guardian and high school listed above.
- 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

Rebecca Croy
6300 Laurel Island
Kingsland, GA 31548

Cell: (912) 282-9036
Office: (912) 510-2079
rcroy@coastalpines.edu

Serving: Camden County

For General Information Email: mowr@coastalpines.edu

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.