





START COLLEGE NOW APPLICATION

		I. STUDENT INFORMATION This section completed by student / parent										
Student Name First, Middle, Last				Student's Birthdate Mo./Day/Yr.			Day/Yr.	Gender				
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Parent/Guar												
Address Street, City, State, Zip, County												
Student CELLPHONE Area/No.			Student Email IF POSSIBLE, PLEASE LIST A PERSONAL (NOT SCHOOL) EMAIL ADDRESS									
Parent/Guardian Phone <i>Area/No</i> .			Parent/Guardian Email									
High School Student Attends & Projected Graduation Year				School District in Which Student Resides								
High School Counselor/Academic Advisor Name First, Last				High School Counselor/Academic Advisor Email								
Technical College to Which You Are Applying Grade Student Will be in When Taking								aking	Number of College Credits			
WAUKESHA COUNTY TECHNICAL COLLEGE				These Courses				12	Earned to Date			
Semester for which applying: Spring Fall Year:												
Will you be using WCTC EXCELerate to apply into a Program YES NO? II. BOARD ACTION Completed by HS district												
If yes, which			Somposed by the site in the									
Check if Alternate	or scan QR code at top right to learn mon Technical College Course Name		Tech College Course M	e C	No. of College Credits	HS Course for HS		Approved for HS Credit		Approved Contingent Upon Program Acceptance	No. of HS Credits	
	rediffical conege cou	ise italiie			- Journal							
									OR			
		III. STU	 DENT & PARE	NT / GU	IARDIAN	SIGNAT	¦					
STUDENT S	IGNATURE—IN SIGNING THIS	Т	This section com	pleted b	y studen							
 STUDENT SIGNATURE—IN SIGNING THIS DOCUMENT, I acknowledge the following: I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities" and Subchapter 38.12 (14). I authorize WCTC to release course & grade information for the semester listed above to my high school and parent/guardian. 												
Student Signature Required									Date Signed Mo./Day/Yr.			
4												
 PARENT/GUARDIAN SIGNATURE—Required if student is under 18. I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities" and Subchapter 38.12 (14). I understand that all students of record, regardless of age, are protected by the Family Educational Rights and Privacy Act of 1974 (FERPA). 												
Parent/Guardian Signature <i>Required</i>									Date Signed Mo./Day/Yr.			

IV. STUDENT NAME
This section completed by student / parent

Student Name First, Middle, Last

V. HIGH SCHOOL BOARD APPROVAL											
This section completed by district											
Named student is approved to enroll for courses marked "Approved" in Section II:											
Yes No. If no, indicate reason for denial:											
Check if student has a record of disciplinary issues.											
Name of High School Board Approval Authority Phone Area/N											
High School Board Approv	Date Signed Mo./Day/Yr.										
>											
VI. TECHNICAL COLLEGE APPROVAL This section completed by college											
	, , , , , , , , , , , , , , , , , , ,	= " .	Course Code(s) /	No.		District					
Name of Cou	ırse(s) in Which Stude	ent is Enrolled	Number(s)	College	Credits	Approved?					
						Yes					
						Yes					
						Yes					
						Yes					
						Yes					
						Yes					
						Yes					
						☐ Yes					
Eligible to enroll I CERTIFY that the above-named student is eligible to attend the course(s) listed in Section VI and that all these courses are nonsectarian in content. The student will be notified of college admission policies/criteria and record disclosure provisions. The technical college agrees to provide the school district with grade information (and attendance information upon request).											
Not eligible to enroll I CERTIFY that the above-named student is not eligible to enroll in and/or attend the course(s) listed in Section VI. The student will be notified of the reasons for ineligibility.											
Name of Technical College	e Representative and T	itle Phor	e Area/No.	Email	Email						
Nicole Luzich, Dual	Credit Specialist	262	-695-6513	nluzich@wc	nluzich@wctc.edu						
Technical College Represe		Date Signed A	/lo./Day/Yr.								
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