

HIGH SCHOOL SCHOLARS REGISTRATION FORM

COMPLETE ALL INFORMATION BELOW (PLEASE PRINT)				Check Name or Address Change:				
CHECK ONI ☐ FALL ☐ SPRING	E: Year:	SOCIAL SECURITY #: (Or MCC Student ID#)				Name		Address
NAME:								
	Last		First				Middle	e Initial
ADDRESS:								
-	Street							
	City	State		County			Zip Co	ode
TELEPHONE: () E-MAIL:								
DATE OF BI	RTH							
				Graduation	Date			
Name of High School				Present Gr	ade Level			
Middlesex Co	ounty College course for v	which you are currently registering		Semester				

*List COMPLETE course code and section number.

Note: If you wish to register for a course on an audit basis (no credit, no grade), place the letter X in the "Credits" section below.

*COURSE CODE	*SECTION NUMBER	COURSE TITLE	CREDITS/ (AUDIT = X)
Example: ENG 12X	0X	Course Title	3
			Total :

I,, hereby grant approval for Middlesex County College to release grade and oth	er
information in my education record pertaining to my participation in the High School Scholars Program to my parent(s) or guardian(s).	

Student Signature:

Date: _____

Students with disabilities may access accommodations through the College's Disability Services Office. Please call 732.906.2546 to self-identify and request a Disability Service's application and procedures. Please note that Disability Services at the collegiate level differ greatly from High School Special Education, the IEP is not applicable to College.

PARENTS/GUARDIANS PLEASE NOTE: Students will be taking classes on a college campus in an unsupervised, open environment. We recommend door-to-door pick up and delivery of all high school students. Please be advised that books are required for the first day of class and can be purchased at the College Bookstore on campus or online at <u>www.bluecoltbookstore.com</u>

Students under the age of 17 who wish to participate in off-campus events for which transportation is provided must be accompanied by an adult.

OPTIONAL INFORMATION:

GENDER: Male Female

RACE/ETHNIC GROUP:

This information will be used only for the preparation of state and federal reports and for special interest and activity mailings. This information will not have any effect on the admissions

decision.

Hispanic (of any race) American Indian or Alaska Native Asian Black or African American Native Hawaiian (or other Pacific Islander)
Two or more races
White



APPLICATION FOR HIGH SCHOOL SCHOLARS PROGRAM

This form is to be completed by high school students wishing to enroll in a course at Middlesex County College in the Fall or Spring semester. *The College Placement Test and/or official SAT scores* * *are required for some courses.*

*Visit the MCC Testing Center's website at <u>http://www2.middlesexcc.edu/admissions/testing-center</u> for more information. *Students may obtain their official SAT scores through the College Board website: <u>http://www.collegeboard.org/</u>*

<u>COMPLETE ALL INFORMATION BELOW (PLEASE PRINT)</u> SECTION I: GENERAL DATA – STUDENT INFORMATION

NAME:		SOCIAL SECURITY #:				
ADDRESS:						
Street						
City	State	County	Zip Code			
City	Suic	County	Elp Couc			
TELEPHONE: ()	E-MAIL:					
DATE OF BIRTH						
DATE OF DIKTII		Graduati	on Date			
Name of High School		Drocont (Frade Level			
Name of frigh School		i resent o				
Middlesex County College course for wh	ich you are currently registering	Semester				
Why did you decide to take a class a Need credits to graduate Other :	sonal enrichment Academic ad	dvancement Audit				
SECTION II: PARENTAL AF	PROVAL – (To be completed	d by parent or guardian)				
I hereby grant approval for		, to enroll	at Middlesex County College			
	Student's Name	, to enton	at Milduesex County Conege			
for the course listed in Section I.						
Parent/Guardian's Name (please print):						
Signature:		Data				
Signature:		Date				
SECTION III: HIGH SCHOO						
To the guidance counselor: <u>High School s</u> emotional maturity as attested to by the stud expand upon your recommendation and sha	dent's guidance counselor. If you support	this individual's application, please	-			
I hereby grant approval for		, to enroll at Mide	ilesex County College			
for the course listed in Section I and contifu	Student's Name	al student and has mot the means	isite(s) for this course			
for the course listed in Section I and certify	7 mai uns sudent <u>is an engible nign scho</u>	on student and has met the prefequ	isne(s) for this course.			
Counselor's Name (please print):						
Signature:		Date:				