

Advanced College Experience (ACE) July 8 – August 6, 2013
Please complete both sides of this application form.

215-751-8779
awexler@ccp.edu
www.ccp.edu/ace

APPLICATION (You must complete the front and back)

A. Student Name: _____ (please print very clearly) Name of Course: _____ (courses listed on back)

Social Security Number: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Emergency Phone: _____ Cell Phone: _____

High School: _____ Graduation Year: _____

Parental/Guardian Consent:

As a parent/guardian of the above student, I support his/her participation in the Advanced College Experience (ACE) program.

I give Community College of Philadelphia permission to use photographic, video and/or digital images taken of the above student, as well as quotes provided by the above student at its sole discretion, in any of its publications, advertisements, promotional materials or audiovisual productions associated with marketing and/or student recruiting. I waive all rights I have or may obtain in the future in all such uses.

I agree to allow Community College of Philadelphia to disclose information contained in my son's/daughter's records, which will include, but is not limited to, information on attendance, participation, behavior, grades, test scores and placement test scores to appropriate officials at his/her high school.

I understand that under the Family Educational Rights and Privacy Act (FERPA), Community College of Philadelphia is required to obtain my consent before releasing any information, and my signature below indicates my consent. I understand that under certain conditions outlined in FERPA, Community College of Philadelphia is able to disclose "directory" information, such as a student's name, address, telephone number, email address, date and place of birth, honors and awards, and dates of attendance, without my consent to school officials with legitimate educational interests.

Parent's/Guardian's Name: _____ (please print) Parent's/Guardian's Signature: _____

Teacher's/Counselor's Name: _____ (please print) Teacher's/Counselor's Signature: _____

Student Agreement:

I agree to good conduct, regular class attendance, participation in class and completion of homework assignments on time.

Student Signature: _____

Turn Over 

Student Name: _____

(please print)

B. ALL APPLICANTS MUST SUBMIT A RECOMMENDATION LETTER. APPLICATIONS WILL NOT BE PROCESSED WITHOUT A LETTER.

C. SELECT YOUR COURSE—You MUST write the name of the course on the front side of this form.

- | | |
|---|---|
| <input type="checkbox"/> Acting Section 1 (9 a.m. – 12:30 p.m.) | <input type="checkbox"/> Introduction to Computer Graphics |
| <input type="checkbox"/> Acting Section 2 (1 – 4:30 p.m.) | <input type="checkbox"/> Introduction to Music Technology Section 1 (9 a.m. – 12:30 p.m.) |
| <input type="checkbox"/> Introduction to Architecture, Design and Construction | <input type="checkbox"/> Introduction to Music Technology Section 2 (1 – 4:30 p.m.) |
| <input type="checkbox"/> Introduction to Law | <input type="checkbox"/> Foundations of Early Childhood Education |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Introduction to Geographic Information Systems (GIS) |
| <input type="checkbox"/> Science, Technology and Society (online) | <input type="checkbox"/> Fire Prevention and Protection |
| <input type="checkbox"/> Introduction to Video Production Section 1 (9 a.m. – 12:30 p.m.) | <input type="checkbox"/> Environmental Science |
| <input type="checkbox"/> Introduction to Video Production Section 2 (1 – 4:30 p.m.) | <input type="checkbox"/> Introduction to Business |
| <input type="checkbox"/> Introduction to Spanish | <input type="checkbox"/> Survey of Justice |
| <input type="checkbox"/> Introduction to Japanese | |

D. TUITION

Tuition is \$250.00.

Please enclose a check or money order WITH your application payable to COMMUNITY COLLEGE OF PHILADELPHIA. If the selected course is cancelled or full, tuition is refundable.

E. The following information is being requested on a voluntary basis for statistical purposes only. It will be kept confidential. Failure to provide it will not affect your admission to the program.

Sex: M F

Race/Ethnic Background: 1 American Indian 2 African-American/Black
 3 Asian/Pacific Islander 4 Spanish Surname/Latino
 5 White 6 Other

If you have any questions, please call the ACE Office at 215-751-8779 or email awexler@ccp.edu

Send this completed application, letter and your check or money order to:

COMMUNITY COLLEGE OF PHILADELPHIA
ACE 2013, ROOM S3-03I
1700 SPRING GARDEN STREET
PHILADELPHIA, PA 19130

Center on Disability

If you require special accommodations due to a disability, please call the Center on Disability at 215-751-8050.

INTERNET POLICY STATEMENT

Community College of Philadelphia offers access to the Internet. All Internet sites are accessible, some of which may contain controversial or offensive material. As with all library materials, parents/guardians of minors must assume responsibility for their children's use of the Internet. The College encourages parents/guardians of minors to work with them to develop acceptable rules for Internet use.

AFFIRMATIVE ACTION STATEMENT

Community College of Philadelphia is committed to the principles of equal employment and equal educational opportunity for all persons without regard to race, color, ancestry, creed, national or ethnic origin, age, sexual orientation/preference, religion, sex, disability or status as a disabled veteran or veteran of the Vietnam Era, in the administration of its educational programs, activities, or employment in accordance with applicable federal statutes and regulations. Any questions regarding this statement should be directed to the director, Office of Diversity and Equity, located in Room M2-3; telephone number 215-751-8039.