

# GATEWAY COLLEGE

**Please read the entire application carefully before completing. Print clearly. Use a black or blue ink pen. Only complete applications will be considered.**

Applying for:

Today's Date \_\_\_\_\_

- Fall Semester  
 Spring Semester      Year \_\_\_\_\_  
 Summer

Student Information						
<b>Social Security Number</b>				<b>Student ID #</b>		
Last Name						
First Name				Middle Initial		
Physical Address				Apt #		
City, State, ZIP						
Student Home Phone	(      )					
Student E-mail Address						
Student lives with	Name:			Relationship:		
Alternate Contact Phone(s)	Parent Cell			Parent Work #		
	Student Cell			Student Work #		
Additional Contact Phone(s)	Contact Name & Cell					
	Contact Name & Cell					
Ethnicity ( <i>check one</i> )	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Asian/Pacific Island	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native/American/Alaskan	<input type="checkbox"/> Other (specify)
Date of Birth	/ /	Current Age	Gender ( <i>check one</i> )		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birthplace	City			State		Country
Language(s) Spoken at Home	First language			Second language		
Academic Information						
Your School District						
Currently enrolled in School?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, which high school?	Grade:					
If no, give date and last high school attended						
High school credits earned						

Student Name \_\_\_\_\_

# GATEWAY COLLEGE

*(Please attach a transcript from each high school attended.)*

List all high schools, alternative programs, or home school where you have taken courses, beginning with the most recent. Use a separate sheet if more space is needed.

School	Location (City, State)	Dates of Attendance	# of credits earned	Grade level when last attended
Ex: ABC High School	Anywhere, TX	01/03-05/2004	2.5	9 <sup>th</sup> grade
Emergency Contact #1				
<b>Full Name:</b>	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
<b>Address:</b>	<i>Street Address</i>			<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>Zip code</i>	
<b>Primary Phone:</b>	(    )		<b>Alternate Phone:</b>	(    )
<b>Relationship:</b>				
<b>Place of Employment:</b>			<b>Work Phone:</b>	(    )
Authorize Person to Release Student To				
<b>Full Name:</b>	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
<b>Address:</b>	<i>Street Address</i>			<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>Zip code</i>	
<b>Primary Phone:</b>	(    )		<b>Alternate Phone:</b>	(    )
<b>Relationship:</b>				
<b>Place of Employment:</b>			<b>Work Phone:</b>	(    )
Employment				
Work status does not affect your eligibility as long as work hours do not conflict with class hours. This information will help El Paso Community College determine your schedule.				
<b>Are you currently employed?</b>	<input type="checkbox"/> No		<input type="checkbox"/> Yes (Part Time 3-20 hrs/wk)	
	<input type="checkbox"/> Yes (Full Time 21+ hrs/wk)			
<b>Work Location:</b>				
<b>Work Phone:</b>	(    )		<b>Supervisor Name:</b>	

OTHER	
Have you ever been dismissed or suspended from school or college for any violations of student conduct or safety? If yes, please explain.	
Are you currently court-mandated to attend school? If so, please provide copies of all legal documents.	<i>Court/Judge:</i>
Do you have a 504 Plan or an Individualized Educational Plan (IEP)? If so, will you be requiring services outlined in one of these plans? Please specify.	
What career area or college major interests you?	
Is there anything that may prevent you from attending classes on a regular basis?	<input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Illness <input type="checkbox"/> Work <input type="checkbox"/> Other, Specify <hr style="width: 100%;"/>
What assistance and resources would you need to help deal with the things you listed above?	
How did you learn about this program?	<input type="checkbox"/> Administrator (Name) (School) <input type="checkbox"/> Counselor (Name) (School) <input type="checkbox"/> Friend / Other
Signature	

I certify that the information contained in my application is correct and complete. I understand if I have not provided accurate information or required application materials I may be denied acceptance for the upcoming semester with the ***Gateway to College*** program.

I also understand that I may not be enrolled in any high school or any other alternative high school education program while participating in the Gateway to College Program. If selected for the scholarship, I agree to abide by the policies and procedures of the Gateway to College Program and El Paso Community College.

*EL Paso County Community College District does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity. For special accommodations issues or an alternate format, contact El Paso Community College Disability Support Services at (915) 831-2676.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENT CONSENT TO RELEASE INFORMATION**

El Paso Community College shall follow all applicable state and federal laws, rules and regulations that apply to student records. All information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

I authorize El Paso Community College, or any third party it has approved, to record my image, voice on film via photograph, picture, and/or videotape. I further agree that any recording may be shared at the sole discretion of El Paso Community College, or any third party the college approves.

I hereby authorize El Paso Community College to release confidential information about me contained in the college records. I also authorize my school district to release confidential information about me to El Paso Community College.

\_\_\_\_\_ Student Last Name      \_\_\_\_\_ First Name      \_\_\_\_\_ M.I.      \_\_\_\_\_ Date of Birth      \_\_\_\_\_ Social Security #

**Release to** (please select all that apply):

- El Paso Community College / Gateway to College Staff
- Sponsoring School District Name: \_\_\_\_\_
- Parent/Guardian/Support Person:

Name	Address	Relationship	Phone Number
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Name	Address	Relationship or Agency (if applicable)	Phone Number
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**Information that will be released through authorization of above signature:**

- name, address and phone
- date of birth
- last high school attended and date
- disciplinary action
- transcript of grades
- verification of attendance
- test score and progress information
- date of graduation and program of study

To indicate that you understand all of the above and the information that will be released, please sign below:

Student Signature & Date: \_\_\_\_\_

**PARENTAL APPROVAL FOR RELEASE OF INFORMATION & ENROLLMENT IN GATEWAY TO COLLEGE PROGRAM**

**PLEASE READ CAREFULLY**

I hereby grant \_\_\_\_\_ permission to enroll in the Gateway to College program at El Paso Community College. I understand that the exact length of time to earn a high school diploma varies by a student's course load and credit needs.

- ✓ Gateway to College is not a fast-track program for high school completion.
- ✓ It may take a student 18 months to 3 years to receive a high school diploma through the Gateway to College program.
- ✓ Students may earn college credit toward an associate degree contingent upon them being college ready as demonstrated by EOC or TSI scores.
- ✓ Students may remain in the Gateway to College program only until they earn a high school diploma or reach 21 years of age.

Parent / Legal Guardian (please print name & relationship): \_\_\_\_\_

Parent / Legal Guardian Signature & Date: \_\_\_\_\_

Student Name \_\_\_\_\_

**COUNSELOR APPROVAL FORM**

Entering Semester: \_\_\_ FALL \_\_\_ SPRING YEAR \_\_\_\_\_

Date: \_\_\_\_\_

**Student Information**

Name: \_\_\_\_\_ Local ID \_\_\_\_\_

Local Student ID \_\_\_\_\_ Date first entered 9<sup>th</sup> Grade \_\_\_\_\_

**To Be Completed By High School Counselor  
High School: \_\_\_\_\_**

The following documents must be provided to Gateway to College.

- \_\_\_ **Transcript**
- \_\_\_ **Updated Audit Card**
- \_\_\_ **Endorsement:** with \_\_\_\_\_ or with out \_\_\_\_\_
- \_\_\_ **TAKS (EOC) Results & Profiles**
- \_\_\_ **Copy of Immunization Record**
- \_\_\_ **Special Program Participation (Check all that apply)**
  - ESL**
  - Section 504** (Attach Accommodations)
  - Special Education** (Attach Accommodations)

Approved by: \_\_\_\_\_  
(Counselor Signature) (Counselor Printed Name)

Counselor Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Counselor Email: \_\_\_\_\_

\* For additional information call the Gateway to College Office: (915) 831-5132  
Gateway to College: 9570 Gateway North Blvd. El Paso, TX 79924

**GATEWAY TO COLLEGE STUDENT ELIGIBILITY REQUIREMENTS**

- Prospective student must have this form completed and signed by referring/approving counselor.
- Prospective student is at least 15 years of age.
- Prospective student must complete graduation requirements by the age of 21.

Student Name \_\_\_\_\_



REQUEST FOR HIGH SCHOOL EARLY ADMISSION/DUAL CREDIT PROGRAM

Reset

EARLY ADMISSION (EA) is the attendance of high school students in college courses prior to graduation from high school. Early Admissions students receive college-level academic credit only for courses taken at EPCC. Courses may be taken during day, evening and weekend hours. Students are not eligible for financial aid.

HIGH SCHOOL DUAL CREDIT PROGRAM (DC) is a process by which an early admission student enrolls in a College-level course and receives simultaneous academic credit for the course from both the college and the high school. A formal program agreement between EPCC and high school must exist for dual credit. Courses for dual credit must be taken during the regular high school attendance hours. Students are not eligible for financial aid.

Eligibility Requirements:

- 1. Must be classified as a high school student
2. Must meet academic placement assessment requirements in at least one area of mathematics, reading, and writing (students may only enroll in courses relating to areas of the test in which they place into college-level credit courses).

TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL

I have reviewed this applicant's high school record, and I recommend acceptance into the High School Early Admission/Dual Credit

Program beginning [radio] Fall [radio] Spring Year \_\_\_\_\_ Semester

SIGNATURE OF HIGH SCHOOL PRINCIPAL NAME (printed/typed) DATE TEL #

To be completed by student and Parent/Legal Guardian

Form with fields: LAST NAME, FIRST NAME, MI, EPCC #, DATE OF BIRTH, ADDRESS, CITY, STATE, ZIP, TEL #, HIGH SCHOOL, CITY, STATE, ZIP, GRADUATION DATE

If admitted, I will adhere to the policies and procedures of the college. I understand that if I enroll in ANY DEVELOPMENTAL COURSE(S) or any course(s) not authorized, I will be administratively withdrawn from those courses with refund. Non-filtered computer technology is used in dual credit and college level classes and libraries. Student images are transmitted to other locations in Distance Learning classes. My signature authorizes the release of my placement assessment test scores and course grades/scores and progress reports to my high school for dual credit courses. Acknowledgement of this information is required to participate in the Dual Credit Program and/or Early Admission.

Request EPCC to release your directory information? Yes \_\_\_ No \_\_\_

SIGNATURE OF PARENT OR GUARDIAN DATE SIGNATURE OF STUDENT DATE

ADMISSIONS OFFICE USE:

[radio] Admitted [radio] Not Admitted [radio] Transcript received or on file

Updated on system: \_\_\_\_\_ Initials \_\_\_\_\_