

OSCEOLA TECHNICAL COLLEGE DUAL ENROLLMENT APPLICATION

Requested Admission Date: August 2023 January 2023 Application Date: _____

Student Name: _____ Birth Date: _____ Student ID #: _____
(First Name) (Last Name)

Parent Name: _____ Home Phone: _____

Parent Email Address: _____ Parent Cell: _____

Student Email Address: _____ Student Cell: _____

Home Address: _____

City, State, Zip Code: _____

Name of Current High School: _____

Grade level at time of entry at oTECH: (Check One) 11th Grade 12th Grade

Do you qualify for free or reduced lunch? Yes No

Do you have any current medical issues? Yes No

Do you need bus transportation to and from oTECH? Yes No

How did you hear about us Billboard Counselor Presentation Tour Social Media

Note: Some programs may require additional information and documents to enroll.

OSCEOLA TECHNICAL COLLEGE PROGRAM CHOICE

First Program Choice: _____ Part Time Full Time

Second Program Choice: _____ Part Time Full Time

Campus: Main St.Cloud Poinciana

What are your career goals?: _____

My signature certifies the information above is correct. By signing below I am committing to oTECH dual enrollment should I be accepted.

Student Signature: _____ Parent Signature: _____

Acceptance to oTECH as a dual enrollment student is provisional based on you meeting minimal graduation requirements at the time of application submission. If, between receipt of any acceptance letter and the start of your program, you no longer meet minimal graduation requirements including but not limited to GPA, mandated test proficiency, credits, etc., you will become ineligible for dual enrollment and will not be able to attend your program.

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

District Local ID: _____ State/External ID: _____ Student Alias ID: _____

(Required data for DOE reports. oTECH is using a separate database system).

Student is classified: Regular Classes Exceptional Students (E.S.E.) (Include IEP)

What is the preferred schedule time: Part time 7-10 Part time 11-2 Full time

I verify that the student has at least a 2.0 GPA and has met graduation requirements at the time of application for dual enrollment at oTECH.

High School Counselor Approval _____ Date _____

(Printed Name)

(Signature)

OSCEOLA TECHNICAL COLLEGE USE ONLY

Accepted for program _____ Time: Part time 7-10 Part time 11-2 Full time

Notes _____