Student Name:(First Name)	(Last Name)	Birth Date:	Student ID #:
Parent Name:	, ,	Home Pho	nne.
Parent Email Address:			
Student Email Address:			
Home Address:			
City, State, Zip Code:			
Name of Current High School:			
Grade level at time of entry at oTEC			
Do you qualify for free or reduced la		- C1000	
Do you have any current medical issu			
Do you need bus transportation to ar		'es □ No	
How did you hear about us Billba			cial Media
_			
Note: S	Some programs may require	additional information and documents t	enroll.
O2CFOLA	TECHNICAL C	COLLEGE PROGR <i>A</i>	M CHOICE
First Program Choice:		[Part Time Full Time
Second Program Choice:		[Part Time Full Time
Campus: Main St.Clo	oud Poinciana		
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What are valir career doalse:			
What are your career goals?:			
What are your career goalst:			
What are your career goalst:			
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signature certifies the information abovedent Signature:eptance to oTECH as a dual enrollment s	ve is correct. By signing b student is provisional bas	pelow I am committing to oTECH of Parent Signature:	ual enrollment should I be accepted.
	ve is correct. By signing be student is provisional bases brance letter and the start	pelow I am committing to oTECH of Parent Signature:	ual enrollment should I be accepted. ation requirements at the time of appliated minimal graduation requirements inc
signature certifies the information above the dent Signature: eptance to oTECH as a dual enrollment solution. If, between receipt of any accept not limited to GPA, mandated test proficie	student is provisional base of ance letter and the start ency, credits, etc., you will be	Parent Signature: ed on you meeting minimal gradu of your program, you no longer me	tual enrollment should I be accepted. ation requirements at the time of appliated minimal graduation requirements incide the additional to the state of the stat
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