



**NEW CASTLE CAREER CENTER**  
 801 Parkview Drive, New Castle, IN 47362-2995  
 (765) 593-6680

**2019-2020 PRE-ENROLLMENT FORM  
 EARLY COLLEGE STUDENTS**

**1. Select Courses.**  
**Pick two:**  
 PSYC 101 and SOCI 111  
 ENGL 111 and COMM 101  
 ENGL 112 and COMM 101  
 MATH 122 and SOC 111

**Add Anatomy:**  
 APHY 101 and 102

**Select time.**  
 10:50 Session

**2. Attach qualifying test scores.**  
 ACCUPLACER, PSAT, SAT, or ACT  
 (see second page for qualifying scores)

**3. Select home high school.**  
 Blue River Valley  
 Eastern Hancock  
 Hagerstown  
 Knightstown Community  
 New Castle  
 Shenandoah  
 Tri  
 Union

**4. Also participating in a career program:**  
 Yes  
 Program: \_\_\_\_\_  
 No

**5. Complete the following information. (Please use black or blue ink)**

NAME:		
PREFERRED NAME:		
HOME ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS (if different)		
HOME PHONE NUMBER: (     )     )		
SSN*:         -         -		
GENDER: <b>M</b> <b>F</b> (circle one)		DATE OF BIRTH:
STUDENT CELL NUMBER: (     )     )		
STUDENT EMAIL ADDRESS:		
PARENT / GUARDIAN NAME:		
DAYTIME NUMBER: (     )     ) to reach a parent/guardian during the school day		EMAIL ADDRESS: to receive announcements and newsletters
PARENT HOME ADDRESS if different:		
ALTERNATE NUMBER in case of emergency: (     )     )		

\* Social Security Numbers are required for dual credit application processing and for reporting to the Indiana Dept. of Workforce Development. Students will not be able to enroll in dual credit courses if this information is missing.

**The New Castle School Corporation is an equal opportunity employer and prohibits discrimination in admission or access to, or treatment or employment in, its programs and activities.**

## 6. Read and sign below.

### PARENT/STUDENT RESPONSIBILITIES

#### ACCEPTANCE

It is understood that submitting this form is a request for consideration to participate in the Early College program and not a guarantee of acceptance. By signing this form you give permission for school records to be sent to the New Castle Career Center (NCCC) by the home high school. The school records will be used in determining eligibility.

#### ENROLLMENT

Students may be denied enrollment by the home high school due to poor attendance, failing grades, or excessive disciplinary incidents. NCCC may have to make student selection decisions due to more students enrolling in a career program than can be accepted. In such cases, predetermined criteria are used to rate each student.

#### COMMITMENT

It is understood that acceptance into the Early College program is a **full school year, two-semester commitment. Once a student is accepted into the Early College program, the home high school will be charged for their participation.**

#### POLICIES AND EXPECTATIONS

It is understood that NCCC has policies and expectations that may differ from the home high school. While attending a career program, students will be expected to abide by the policies and expectations presented to them and disciplinary actions will originate from the NCCC.

#### ATTENDANCE

Students are given a course calendar and are expected to be in attendance each and every day classes are in session. The Ivy Tech course calendar does not line up with high school vacation schedules. Students will communicate all absences with the instructor.

#### COMMUNICATION

Students will be issued an Ivy Tech email. This is the preferred means of communication with the instructor in regards to grades and attendance.

#### TRANSPORTATION

It is understood that transportation to the Early College program is the responsibility of the student.

#### STUDENT PHOTOS

Signature on this form grants permission to NCCC to use personal pictures or facsimiles of students in printed publications, news releases, videos, and/or websites promoting NCCC and the Early College program.

#### ORIENTATION

All students enrolled in the Early College program are required to attend an orientation session prior to the start of classes. The date will be determined and communicated to all participating students.

**By signing below, we understand and agree to abide by the above information.**

Student Signature:	Date:
Parent/Guardian Signature:	Date:
High School Counselor Signature:	Date:
High School Principal Signature:	Date:

<b>Qualifying Test Scores – GPA</b>			
Test	Reading	Sentence Skills	Math
ACCUPLACER	76	80	40 EA or 60 AR
PSAT			
SAT			
ACT			

Test scores not required for students with a cumulative GPA of 2.6 on a 4.0 scale after completing the 2<sup>nd</sup> semester of their junior year.

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# APPLICATION FOR ADMISSION



PLEASE TYPE OR PRINT LEGIBLY

## GENERAL INFORMATION

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Legal Name:

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a resident of Indiana?  Yes  No

Date of Birth:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender:

Male  
 Female

Telephone:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Parent Email (optional): \_\_\_\_\_

Do you intend to apply for financial aid?  Yes  No

Citizenship:

U.S. Citizen  International Student  Permanent Resident (Green Card) Deferred Action Students (DACA)

Military Status:  Active  Reserves

Not Applicable

I am a Veteran or dependent and plan to use Post 9/11 GI Bill Benefits

I plan to use other Veteran or Military based State or Federal benefits

I am a Vietnam Veteran but do not plan to use any benefits

Are you Hispanic/Latino?  Yes  No

Ethnic Affiliation:  
Choose one or more.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

Emergency Contact:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## EDUCATIONAL BACKGROUND for High School Graduates or GED/HSE recipients

School Name: \_\_\_\_\_  
City or County: \_\_\_\_\_  
Month/Year of Graduation/GED/HSE Earned or expected graduation date: \_\_\_\_\_  
Are you home schooled:  Yes  No

## EDUCATION OBJECTIVE

### Intended Term of Enrollment:

Fall (Aug.-Dec.)  Spring (Jan.-May)  Summer (May-Aug.) Campus: \_\_\_\_\_ Year: \_\_\_\_\_

### Applying for:

Those enrolled in Courses Only/Non Degree & Career Development Certificate Programs are not eligible for Federal/State Financial Aid

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Associate of Applied Science | <input type="checkbox"/> Certificate           | <input type="checkbox"/> Career Development Certificate |
| <input type="checkbox"/> Associate of Arts            | <input type="checkbox"/> Technical Certificate | <input type="checkbox"/> Courses Only/ Non-Degree       |
| <input type="checkbox"/> Associate of Fine Arts       |  |   |
| <input type="checkbox"/> Associate of Science         |  |   |

What is your intended Major? \_\_\_\_\_

See list of majors online at: [www.ivytech.edu/programs-a-z](http://www.ivytech.edu/programs-a-z)

Have You Attended Ivy Tech Previously?  Yes  No

If yes, when: \_\_\_\_\_ Which Location: \_\_\_\_\_

### Prior Colleges Attended: (Use additional paper if necessary.)

College/University Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Dates Attended: From (M/Y): \_\_\_\_\_ To (M/Y): \_\_\_\_\_

## APPLICATION AGREEMENT OF TERMS AND CONDITIONS

By submitting your application for admission to Ivy Tech Community College of Indiana, you agree to the following:

- To the best of my knowledge, the information in this application is complete and accurate.
- When enrolled, I agree to the policies and regulations of Ivy Tech Community College of Indiana, and if offered financial assistance, to observe all regulations required by state and federal assistance programs.
- I verify my citizenship status in this application under penalties of perjury.
- All information supplied regarding my high school, GED or Indiana High School Equivalency Diploma completion is complete and accurate. I attest that by submitting my application, that complete and accurate information has been provided.
- I understand that if I knowingly provide false information, including an incorrect social security number, my enrollment may be revoked, and I may incur fines and IRS penalties.
- I authorize Ivy Tech Community College of Indiana to report my academic progress between Ivy Tech campuses, to partner high schools, to other universities, and to government entities for the purpose of research, evaluation, or transfer opportunities.
- I understand that the college may communicate with me in a variety of ways, including but not limited to, email, direct mail, phone calls and SMS text messages.

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

If you are applying for financial aid or plan to use federal educational tax credits, federal law requires that the College obtain your SSN.

\* Information regarding gender, age, ethnic origin and citizenship status is collected for compliance reports in conjunction with federal regulations pursuant to the Civil Rights Act of 1964, Executive Order 11246 as amended by the Executive Order 11375, and Title IX of the Education Amendments of 1972 and Part 86.45 C.F.R., or state regulations and will not be used to discriminate in admission to or participation in any of the educational programs or activities offered at Ivy Tech Community College of Indiana.

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