

Please complete this form and return them to the Early College office/advisor. Please type or print clearly in blue or black ink. Note, questions with an * are optional.

Application Date: _____

PERSONAL INFORMATION

Legal Name: _____

Sex/Gender: Male Female Gender Identity _____ Date of Birth: _____

Preferred First Name (only if different from above): _____ Preferred Pronouns _____

Mailing Address: _____
Street & Apt. # or P.O. Box City State Postal/Zip Code

Alternate Address: _____
(if different from home) Street & Apt. # or P.O. Box City State Postal/Zip Code

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

Ethnic Background: Do you identify yourself as: Hispanic or Latino Not Hispanic or Latino

Race: Select one or more races, as you identify yourself:

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Cape Verdean
- Native Hawaii or Pacific Islander

How did you hear about Early College? _____

What High School are you from? _____
Name of School City

Have you attended any other high schools? Yes No If yes, where? _____

Name of most recent Guidance Counselor: _____

Have you taken dual enrollment classes before? Yes No If yes, where? _____

Have you taken A/P classes before? Yes No If yes, where? _____

Do you have a job? Yes No If yes, how many hours a week do you work? _____

Do you participate in school athletics or extracurriculars? Yes No If yes, what? _____



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EDUCATION INFORMATION

Student's Name: _____
Last (family or sur) Name First Name MI

Parent/Guardian #1 **Parent/Guardian #2**

First Name: _____ First Name: _____
 Last Name: _____ Last Name: _____
 Mailing Address: _____ Mailing Address: _____
 City, State, Zip: _____ City, State, Zip: _____
 Email: _____ Email: _____
 Work Number: _____ Work Number: _____
 Cell Number: _____ Cell Number: _____
 Language spoken at home: _____ Language spoken at home: _____
 Highest Level of Education achieved: _____ Highest Level of Education achieved: _____

Emergency Contact Last Name: _____ **First Name:** _____ **MI:** _____

Emergency Contact Phone Number: _____ **Relationship to student:** _____

Parent/Guardian Financial Information: Including yourself, how many people reside in your household? _____
 Does your family receive any form of government benefits? Yes No
 If yes, please indicate on the line below which benefits - SNAP (food stamps), TANF (welfare), SSI Housing Voucher (Section 8), free and reduced lunch, etc.

Required Signatures: I certify the information on this application is correct and complete. I understand that if I fail to provide accurate information or the required materials and transcripts, I may be denied acceptance to the Early College Experience. I also understand that I must be enrolled the Gardner Public Schools while participating in the Early College Experience. If selected for the program, I agree to abide by the Mount Wachusett Community College Code of Student Conduct and by the policies and procedures of the Early College Experience. I acknowledge that the educational programs at MWCC provide equal opportunity for all students without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, or disability.

Photo/Print Release: Early College Experience frequently uses pictures, videotapes and audio recording of students in the program for publication in articles that may appear in local newspapers or other publications. I, the student or parent/guardian, give permission for Early College to use pictures, videotapes or audio recordings of the above named student. If I do not wish for Early College to use pictures, videotapes, or audio recordings of the above named student, I will submit written notification to the program and attach it to this application. **This consent will remain in effect until its written revocation is received by an Access & Transition Division staff person or is mailed to the Access & Transition Division office at MWCC, 444 Green Street, Gardner, MA 01440.**

Student & Parent understand and consent to the information provided on this completed form being used to contact me by (check all that apply):
 automated telephone text messaging for matters related to my enrollment at Mount Wachusett Community College.

Applicant Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(If applicant is under the age of 18)

If you have a disability that may require accommodations to participate fully in the program, please contact the Division of Access and Transition at 978-630-9248 to discuss your specific needs. In some cases, a two-week notice may be necessary.



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ESSAY REQUIREMENT

As an Early College student, how will you manage the balance of academics, commitments to work and family, and your social and personal life? What are your strengths and where do you see opportunity for growth?

I certify by signing below that I wrote my own essay and it reflects my own original thoughts, words, and writing skills.

Applicant's Signature: _____ **Date:** _____







Gardner High School

Paula Bolger, *Principal*
Sherry Gelinas, *Assistant Principal*
Scott Connery, *Assistant Principal*



Gardner Public Scho

www.gardnerk12.org

200 Catherine Street, Gardner, MA 01440

P: (978) 632-1600

F: (978) 630-4046

GHS EARLY COLLEGE PROGRAM PARENT/STUDENT CONTRACT

Success in the GHS Early College Program is dependent upon academic readiness, social maturity and motivation. Students who participate in the program are subject to the same regulations as other MWCC students as well as the GHS rules listed below. This contract constitutes both parent and student's agreement to the terms of the GHS Early College Program:

- 1) Students in the program are required to fulfill all GHS graduation requirements. GHS counselors will assist with making sure all students and parents are aware of the classes needed for graduation.
- 2) GHS will provide transportation from the high school to MWCC at 7:10 a.m. and then back from MWCC at 11:00 or 11:30 a.m. (These times may vary slightly.) Students may also drive themselves directly to MWCC or receive rides from family or friends. Transportation will not be provided on days when GHS is not in session (ie. GHS school vacation days, snow days, school delays, teacher professional development days, etc.) and it is the student's responsibility to secure transportation to the college on those days.
- 3) All books for the program will be loaned free of charge and must be returned at the end of the course. Students are required to sign a book loan agreement indicating that they are responsible for returning books in good condition.
- 4) Students will have access to GHS breakfast and lunch and are eligible for free/reduced lunch as usual.
- 5) Students will have full access to all GHS activities after school and as their schedule permits including athletics, clubs, etc.
- 6) Students will have full access to their GHS counselors as usual during school hours for assistance with scheduling, college advising and any other needed supports. Please note that neither GHS counselors or parents will have access to student's MWCC grades during the semester. The only way to access grades is with the student's permission through the MWCC iConnect portal. Periodic academic updates may be made available to the students by college professors during the semester, but are not required to be completed.
- 7) If students are absent from school for any reason and will not be attending their college and/or high school classes, parents must notify the high school's attendance line as usual. Students must adhere to the MWCC attendance policy, and it is the student's responsibility to communicate with their professor and MWCC advisor if they cannot attend class for a valid reason.

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- 8) If students are also taking classes at GHS, they must attend those classes per the GHS schedule. The GHS and MWCC schedules do not perfectly align. These classes will be in addition to the MWCC classes. Not all GHS classes are guaranteed to run at times that fit outside the MWCC schedule. Students should consult with their guidance counselor for a list of offered classes.
- 9) All students are expected to attend all MWCC classes as scheduled. Those classes will run according to the MWCC academic calendar, not the GHS school calendar. Attendance is mandatory. Students who fail to attend classes will be removed from the program. A link to the MWCC Academic Calendar can be accessed through the MWCC website under 'Academics'.
- 10) Although we do our best to monitor student attendance, daily and class attendance is not reported to the high school or to parents by MWCC professors. It is the expectation that students have the maturity and discipline to be in their classes as scheduled every day.
- 11) Students who enroll in the Early College Program are expected to stay enrolled in all the scheduled classes each semester. For extenuating circumstances a meeting may be arranged with the student, high school principal, high school guidance counselor, a parent, and a representative from MWCC to discuss the possibility of withdrawal.
- 12) Your grades from the MWCC classes will go on both your high school transcript and also your MWCC transcript. If you plan to remain at MWCC after graduation or transfer to another college, these grades will be on your official college transcript, therefore a poor or failing grade will be on your college transcript forever. Typically, a grade of 'C' or better is considered for transfer, however, it is important to verify an individual institution's transfer credit policies.
- 13) College assignment deadlines are firm. Rarely will you be given any extra time for assignments. If you are absent, you should still expect to turn in any work which is due that day. Professors do not typically give extensions for absences, and may not accept work or may only give minimal credit for work which is turned in late.
- 14) Students will participate in lectures and laboratories at a college level. As such, some classes may contain information or dialogue of a sensitive nature, but appropriate to institutions of higher education. Specific examples may include, but are not limited to: biological structures and functions, reproduction processes, racial injustice, and the condition of being human. Inquiries from parents/guardians about content or course material should be directed to the Director of Early College & Dual Enrollment at MWCC, and not to individual faculty members.
- 15) Students should plan to complete two to three hours of homework daily in addition to their scheduled classes.
- 16) Transferring back to GHS during the year will be difficult as the MWCC classes will not easily align with GHS classes. This could put the student at risk of losing credits and/or not graduating with their class as scheduled. You should consult your guidance counselor and MWCC advisor if you are considering transferring back to GHS mid-year.
- 17) All students will be required to attend a weekly College Success Strategies class which provides support/tutoring for the MWCC classes. This class will appear on your schedule, and you are expected to attend it just like any other MWCC class. Students whose grades fall below a 2.5, or at the recommendation of a professor, may be required to access additional support services.
- 18) All students are required to provide verification of medical insurance to the college, or they must purchase the college medical insurance at a cost to the student. You are responsible for completing the online insurance waiver within the first weeks of the program. If you do not

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complete the waiver on time, the college will automatically process the school's insurance for you. You will be charged for this and your current insurance will be cancelled.

- 19) Students are required to provide copies of their immunization records. The high school can assist with this process, but ultimately it is the student's responsibility to provide these records to MWCC. A HIPAA form must be signed by the student (if 18 years old) or a parent/guardian.
- 20) It is GHS policy that students whose GPA falls to between a 2.0 and a 2.5 will be placed on academic probation for one semester. If your GPA does not improve to above a 2.5 the next semester, you will be removed from the program. Any student whose GPA falls below a 2.0 will automatically be removed from the program. Seniors may be removed after the first semester if their GPA is below a 2.5. Removal, instead of probation, is to help prevent students from not fulfilling high school graduation requirements and to prevent issues with future college acceptance and financial aid eligibility.
- 21) Seniors will be responsible for participation in a Senior Capstone Project, which will involve research into a career interest area. This will involve work outside of scheduled classes. Seniors will receive support from GHS staff while completing this project. More details on this will be presented by GHS staff during the weekly College Success Strategies class at MWCC.
- 22) Students whose GPA falls below a 2.0 may not be eligible for financial aid for the subsequent semester. This means that if you are a senior who plans to continue with college, you may not be eligible for financial aid, regardless of what college you plan to attend. Furthermore, a GPA below a 2.0 may prohibit your MWCC classes from being accepted at other colleges or may prohibit you from continuing at MWCC after your high school graduation.
- 23) Students who exhibit any inappropriate or disruptive behavior in any class or on the college campus will be removed from the program. Appropriate, mature behaviors are expected at all times while on the campus.
- 24) Students are expected to exhibit and model academic integrity and are reminded academic dishonesty including plagiarism and cheating in any form are subject to removal from the program. Additional disciplinary actions will be determined by MWCC and GHS.
- 25) The GHS Principal has full discretion to remove students from the program based on academic, behavior or attendance concerns.

By signing below, you agree to the aforementioned terms of the GHS Dual Enrollment Program:

Students Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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STUDENT RECORD INFORMATION WAIVER

Student Name: _____
Last First Middle

ID#: _____

IN ACCORDANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

I authorize the release of the following student records that are protected under the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, 1974, and all related amendments, for the time period indicated, to the individual(s) listed below:

- Item(s) to be released:
- 1. Copy of my grade report and or academic transcript
 - 2. Copy of my class schedule
 - 3. Copy of my student bill/invoice and payment plan information
 - 4. Copy of my financial aid award information
 - 5. Other (please specify) VERBAL PROGRESS REPORTS

Release information to:

Name: GARDNER HIGH SCHOOL Relationship to student: PARTNER SCHOOL

Address: 200 CATHERINE ST. GARDNER MA 01440
Street City State Zip

Phone Numbers: Day 978-632-1600 Evening _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____ Evening _____

_____ I authorize the release of the above information for only the _____ semester.

I authorize the release of the above information for every term of enrollment at MWCC for a one year period effective the date this authorization is signed.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: All releases of records authorized by this waiver are tracked in student record on SPACMNT.

Expiration Date: _____



Student Name: _____

ID#: _____

Name: _____

Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____

Evening _____

Name: _____

Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____

Evening _____

Name: _____

Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____

Evening _____

Name: _____

Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____

Evening _____

Name: _____

Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____

Evening _____



Massachusetts Department of Public Health
Authorization for Release of Information
Permission to Share Information

If you want the GARDNER HIGH SCHOOL to share information about you with another person or organization, please make sure that you fill out all of the sections below (Sections I-VI). This will tell us what information you want us to share and who to share it with. If you leave any sections blank, with the exception of Section II (B), your permission will not be valid, and we will not be able to share your information with the person(s) or organization you listed on this form.

SECTION I

I, _____, give my permission for GARDNER HIGH SCHOOL
(print your name) (Fill in name of person or organization)
to share the information about me that I list in Section II with the person(s) or organization that I list in Section V.

SECTION II

A. Health and Personal Information

Please describe the information you want the GARDNER HIGH SCHOOL share about you.
(Fill in name of person or organization)

Please include any dates and details you want to share.

VACCINATION RECORDS

B. Permission about Specific Health Information. Only if you choose to share any of the following information, please write your initials on the line:

____ I specifically give permission, as required by M.G.L. c. 111, § 70F, to share information in my record about HIV antibody and antigen testing, and HIV/AIDS diagnosis or HIV/AIDS treatment.

____ I specifically give permission, as required by M.G.L. c. 111, § 70G, to share information in my record about my genetic information.

____ I specifically give permission to share information in my record about alcohol or drug treatment. If this information is shared, I understand that a specific notice required by 42 CFR, Part 2 shall be included prohibiting the redisclosure of this confidential information.

SECTION III – Reason for Sharing this Information

Please describe the reason(s) for sharing this information. If you do not want to list reasons, you may simply write: "at my request," if you are initiating the request.

ENROLLMENT IN EARLY COLLEGE ACADEMY

SECTION IV – Who May Share This Information

I give permission to the person or organization listed below to share the information I listed in Section II:

GARDNER HIGH SCHOOL
Name

Organization 200 CATHERINE ST. GARDNER, MA.
Address



Massachusetts Department of Public Health
Authorization for Release of Information

SECTION V – Who May Receive My Information

The person or organization listed in Section IV may share the information I listed in Section II with this person(s) or organization:

Name MOUNT WACHUSETT COMMUNITY COLLEGE

Organization _____

Address 444 GREEN ST. GARLOW, MA.

I understand that the person(s) or organization listed in this section may not be covered by federal or state privacy laws, and that they may be able to further share the information that is given to them.

SECTION VI – How Long This Permission Lasts

This permission to share my information is good until JUNE 1, 2021
Indicate date or event

If I do not list a date or event, this permission will last for one year from the date it is signed.

- I understand that I can change my mind and cancel this permission at any time. To do this, I need to write a letter to GARLOW High School and send it or bring it to the place where I am now giving
(Fill in name of person or organization)
this permission (or fill in specific location) If the information has already been given out by, I understand that it is too late for me to change my mind and cancel the permission.
- I understand that I do not have to give permission to share my information with the person(s) or organization I listed in Section V.
- I understand that if I choose not to give this permission or if I cancel my permission, I will still be able to receive any treatment or benefits that I am entitled to, as long as this information is not needed to determine if I am eligible for services or to pay for the services that I receive.

SECTION V – Signature

Please sign and date this form, and print your name.

Your Signature _____

Date _____

Print Your Name _____

If this form is being filled out by someone who has the legal authority to act for you (such as the parent of a minor child, a court appointed guardian or executor, a custodial parent, or a health care agent), please:

Print the name of the person filling out this form: _____

Signature of the person filling out this form: _____

Describe how this person has legal authority for this individual: _____

