

First Name:		Last Name:		Intended semester of study:	
Preferred Name:				<input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____	
D.O.B.:		BCC Student ID # 900-			
Mailing Address:				Biographical Information	
City:				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Pronouns: <input type="checkbox"/> She/Hers <input type="checkbox"/> He/His <input type="checkbox"/> Them/They	
State:		Zip Code:		How do you describe yourself?	
Primary Phone Number:				<input type="checkbox"/> Hispanic, Latino (X) or Mexican <input type="checkbox"/> Caucasian <input type="checkbox"/> Portuguese <input type="checkbox"/> African American <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Native America <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-Racial	
Secondary Phone Number:				Did your mother earn a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Did your father earn a 4-year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure After H.S., do you plan on attending BristolCC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Email: <small>Required for registration confirmation. Please provide an active email account that you routinely read, as announcements are time sensitive.</small>					
High School Name:					
Year of Graduation:					
PSAT/SAT or ACT Test Scores*: Reading Writing Mathematics <small>* Submit a print out of SAT/ACT scores with application before taking the Accuplacer</small>					

STUDENT CERTIFICATION

As a Dual Enrollment high school student, I understand that it is my responsibility:

- to pay for all textbooks and any special program fees associated with completing the course(s), if applicable.
- to arrange my own transportation to the site where the course(s) will be offered.
- to provide a copy of my high school/home school curriculum including graduation requirements upon request.
- to maintain a GPA of 2.5 at BRISTOL to continue in the College Access program.
- to self-pay if my family does not meet the Federal Income Guidelines set forth on page 2, unless otherwise enrolled into a contract course.

I certify that the information that I have provided in this application is accurate and complete. Further, by signing this form, I agree to abide by all the rules and regulations and the student code of conduct of Bristol Community College. I also consent to the reproduction and/or use of photographs of me in catalogs or other publications and in all forms of media and in all manners including display, editorial, art and exhibition unless the "no" box is checked. **No**

Signature of applicant: _____ Date: _____

FINANCIAL ELIGIBILITY FORM

Student Name (please print legibly): _____

Parent/Guardian Name (please print legibly): _____

All information on this form is **REQUIRED** to process the application for Dual Enrollment. Please select family unit size **AND** family income level below. **Do not leave blank, otherwise the application will be deemed incomplete.**

Federal Current-Year Low-Income Levels (Effective January 12, 2022 until further notice)

<u>Size of Family Unit</u>	<u>48 Contiguous States, D.C., only</u>
<input type="checkbox"/> 1	<input type="checkbox"/> \$13,590
<input type="checkbox"/> 2	<input type="checkbox"/> \$18,310
<input type="checkbox"/> 3	<input type="checkbox"/> \$23,030
<input type="checkbox"/> 4	<input type="checkbox"/> \$27,750
<input type="checkbox"/> 5	<input type="checkbox"/> \$32,470
<input type="checkbox"/> 6	<input type="checkbox"/> \$37,190
<input type="checkbox"/> 7	<input type="checkbox"/> \$41,910
<input type="checkbox"/> 8	<input type="checkbox"/> \$46,630
<input type="checkbox"/> Income Exceeds Federal Poverty Index	

For family units with more than eight members, add the following amount for each additional family member: \$4,720 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

MA Residents: The MA Department of Education and Secondary Education considers a student economically disadvantaged if he/she participates in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program; and MassHealth (Medicaid).

Parent/ Legal Guardian Signature: A signature indicates approval for said minor to register and attend college course(s). I acknowledge that my student is required to abide by all the rules and regulations, in addition to the Student Code of Conduct of Bristol Community College. **I acknowledge and understand that I will not have access to my student's post-secondary information without a signed FERPA release form.** I certify that the above financial information is true and accurate.

- My child is not taking part in a contract course, and I will self-pay and assume the cost for standard tuition plus, applicable fees and course materials.
- My student is applying for a contract course.

Signature

Relationship

Date

SCHOOL DEPARTMENT AUTHORIZATION FORM

STUDENT REGISTRATION
(To be completed by the Guidance Counselor or an Authorized Homeschool Representative)

First Name: _____ Last Name: _____ 900# _____

Current Grade: Freshman Sophomore Junior Senior Year of Graduation: _____

SASID 10 Digit #: _____ High School G.P.A.: _____

High School Transcripts must be attached.

This student is enrolled in a Career Vocational Technical Education (Chapter 74, Perkins) Program: Yes No

Program Name: _____

This student is enrolled in the BRISTOL Early College , Educational Talent Search Program, or Upward Bound Program

This student is a first time Dual Enrollment participant: Yes No

Guidance Counselor or A.H.R. (Print) Signature Date
A signature attests to the accuracy of the information provided, including course(s) selection.

Phone: _____ Email: _____

Courses to be Registered for: All In order of preference **Term:** Fall Spring Summer

CRN	Course	No.	Sect.	Title	Credits	Remote/ Hybrid	Day/Time

Alternate, Additional Course or Not Applicable

Students should designate an alternate course because their first choice may be full, or the course may be cancelled.

CRN	Course	No.	Sect.	Title	Credits	Remote/ Hybrid	Day/Time

Please Do Not Write Below This Line **For Office Use Only**

Grant-Funded Contract Course Early College CVTE/Perkins Bristol Employee Privately Funded Contract Course | **Self-Pay** Yes

HS GPA: _____ BRISTOL GPA: _____

If the student does not meet the GPA, a request to waive the GPA requirement has been submitted: Yes: ____ No: ____

Signature (College Access Representative): _____ Date: _____