

# OZARKS TECHNICAL COMMUNITY COLLEGE

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## *Middle College*



### Want to Change YOUR High School Experience?

Why wait? Start college now through OTC Middle College!

Return the completed forms to your high school counselor or mail it to:

OTC Middle College, 1001 E. Chestnut Expressway, Springfield, MO 65802

Need more information? Contact us at 417-447-6997 or by email at [middlecollege@otc.edu](mailto:middlecollege@otc.edu).

You can find us on Facebook, too!

Check out our website at [www.otc.edu/middlecollege](http://www.otc.edu/middlecollege)



## MIDDLE COLLEGE APPLICATION

Check the Semester you are applying for: ☐ Fall or ☐ Spring

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Parent Cell** \_\_\_\_\_ **Student Cell** \_\_\_\_\_

Are you presently enrolled and attending school? ☐ YES ☐ NO

What high school are you attending? \_\_\_\_\_

What is your high school counselor's name? \_\_\_\_\_

Please check the ethnicity that best applies to you:

☐ White ☐ Hispanic/Latino ☐ Black or African American ☐ Asian  
☐ American Indian ☐ Alaskan Native ☐ Native Hawaiian/Pacific Islander ☐ Other

Check the **Career Pathway** you are interested in being enrolled in through Middle College below:

☐ Diesel/Auto Technology ☐ Computer Services ☐ Agriculture  
☐ Medical Services ☐ Early Childhood ☐ \*Healthcare Professions Academy\*

\*The Healthcare Professions Academy is limited to Springfield Public Schools. A minimum GPA is not required for any of the career pathways except for the Healthcare Professions Academy, which requires a minimum of 3.5 GPA and up.

The Family Educational Rights and Privacy Act of 1974 (FERPA) covers certain privacy rights related to students' records and confidentiality. Additional information related to FERPA can be located on the web at [www.ed.gov/policy/gen/guid/fpco/ferpa](http://www.ed.gov/policy/gen/guid/fpco/ferpa).

Please place a check mark next to the statement which reflects your directives in regard to release of student education records. This authorization expires 120 days after completion of high school graduation.

( ) I authorize representatives of OTC to disclose my educational records (including grades, behaviors, scheduling, and attendance records) to my parent(s) or guardian(s). I understand by signing this authorization, I am waiving my rights of non-disclosure of these records under Federal law only as to the persons and entities specifically listed.

( ) I do NOT authorize representatives of OTC to disclose my education records to my parent(s) or guardian(s).

I certify that the information given on this application is correct to the best of my knowledge. I understand that falsification of information may result in dismissal from Ozarks Technical Community College/Middle College.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (PLEASE PRINT) \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## MIDDLE COLLEGE: Parent/Guardian Form

**Student Name:** \_\_\_\_\_

**IMPORTANT: If someone other than the mother or father fills out this form (step parent, guardian, relative), please explain your relationship to the student.**

What is your relationship to the student? \_\_\_\_Mother \_\_\_\_ Father \_\_\_\_ Stepmother \_\_\_\_ Stepfather \_\_\_\_Guardian/Other

Father's Name	Mother's Name
Home Address	Home Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
E-Mail Address	E-Mail Address
Employer	Employer
Dept./Position/Title	Dept./Position/Title
Highest Grade Level You Completed in School	Highest Grade Level You Completed in School
Did you complete a college degree? YES or NO	Did you complete a college degree? YES or NO
Mark if YOU are the Primary Contact ____Yes ____No	Mark if YOU are the Primary Contact ____Yes ____No

**Emergency Contact** (Please list someone other than parent or guardian. This person will only be contacted in an emergency when no one else listed can be reached.)

Name\_\_\_\_\_

Relation to Student\_\_\_\_\_

Phone\_\_\_\_\_ Alt Phone/Cell Phone\_\_\_\_\_



## PARENT/ GUARDIAN QUESTIONARE

**Dear Parent or Guardian:** This is a highly selective program and your responses are very important to us.

***Please place a check mark next to the appropriate answer below and provide a response, if needed.***

Has your student been suspended or expelled from school relating to weapons, alcohol, drugs, or willful infliction of injury to another person?

If yes, please explain

☐ Yes

☐ No

Has your student been arrested or involved in a juvenile justice program or teen court?

If yes, please explain

☐ Yes

☐ No

Does your student have an IEP ?

☐ Yes

☐ No

Does your student have a 504 Plan?

☐ Yes

☐ No

If yes, in what area is his/her disability or condition?

Transportation to OTC for the Middle College program and local internships will not be provided.

Will transportation be an issue for your student?

☐ Yes

☐ No

Does your student have a child?

☐ Yes

☐ No

If yes, is daycare assistance needed?

☐ Yes

☐ No

Parent involvement in the Middle College program is essential.

We have required orientations and regular parent meetings throughout the two year program.

Will you be able to commit to this type of partnership with the Middle College program?

☐ Yes

☐ No

☐ DK

Why would you like for your child to be selected to attend Middle College?

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## PARENT/STUDENT QUESTIONNAIRE

**Please answer the following questions by placing a check next to yes or no.**

In considering our needs for lunches, does your student currently qualify for free lunches?

☐ Yes ☐ No

Does your student qualify for reduced lunches?

☐ Yes ☐ No

Does your student have: private medical insurance?

☐ Yes ☐ No

Does your student have: Medicaid-MoHealthNet

☐ Yes ☐ No

Do you object to drug/alcohol screenings?

☐ Yes ☐ No

Middle College is a scholarship program worth over \$5,000 if your student is selected.  
There is an annual enrollment fee that each family must pay,  
which is currently \$60 (subject to change).

Do you agree to this payment if your child is selected?

☐ Yes ☐ No

If for some reason a student fails to complete the semester or is dismissed from the program,  
**the student and his/her parent will owe the tuition** for one semester to the home school district.

Do you understand this part of the program's expectations and financial agreement?

☐ Yes ☐ No

Do you understand your student will be entering an adult environment and around people of all ages,  
occupations, and backgrounds with **very limited supervision consistent with a college setting**?

Do you agree to this?

☐ Yes ☐ No

I hereby give my permission for \_\_\_\_\_ to participate in

(Student's Name-Please Print)

assessment services provided by Ozarks Technical Community College, Career Center Counseling & Assessment, and Middle College staff. Assessment information can be released to Ozarks Technical Community College staff, internship employers, and/or home high school. This information may be released in written and/or verbal form. This release is valid for three years following the date that assessment services were completed.

Student

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Parent Signature: \_\_\_\_\_ DATE \_\_\_\_\_

### **Student Essay**

[Submit by Email](#)

**Why are you applying to the Middle College Program:**

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