

MIDDLE COLLEGE: INFORMATION FORM

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 year will you graduate? _____

Check the **Career Academy** you are interested in being enrolled in through the Middle College Program:

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 3.0 GPA and up.

STUDENT QUESTIONNAIRE

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.

Have you 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

Have you been arrested or involved in a juvenile justice program or teen court?

If yes, please explain

Yes

No

STUDENT QUESTIONNAIRE

Do you have an IEP? Yes No

Do you have a 504 Plan? Yes No

If yes, in what area is your disability or condition?

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

Will transportation be an issue for you? Yes No

Do you have a child? Yes No

If yes, is daycare assistance needed? Yes No

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.

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 from 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 waving 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 hereby authorize and consent to the disclosure of Student's educational records between OTC and District. The Student's educational records that may be disclosed from OTC to District or from the District to OTC include but are not limited to grades, and records relating to attendance, discipline, behaviors, scheduling, health, IEP/504's, progress reports, test and homework scores, and anecdotal information as needed. I understand that the Student's grades earned through college classes will be reported to the District and may be a component of graduation requirements. I understand that this consent concerning the disclosure of educational records remains effective during the course of the Program and for one year thereafter, unless I revoke my consent in writing.

I certify that the information given on this form 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 _____