

MIDDLE COLLEGE APPLICATION

Please check the semester and enter the year you are applying for:

Fall

Spring

Year

Name: _____ SPS ID _____

Nickname/Preferred Name: _____ Gender: _____

Date of Birth: _____ Student's SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Email: _____ Student Phone: _____

Parent/Guardian Email: _____ Parent/Guardian Phone: _____

Are you presently enrolled and attending high school? ☐ YES ☐ NO Grade _____

What high school are you attending? _____

What is your high school counselor's name? _____

Please select at least TWO Career Pathways. **Indicate your first choice with a "1" and second choice with a "2".**

___ DIESEL ___ COMPUTER INFORMATION SYSTEMS ___ GRAPHIC DESIGN ___ CULINARY
___ HEALTH PROFESSIONS ACADEMY* ___ AUTO COLLISION ___ CONSTRUCTION
___ AUTOMOTIVE REPAIR ___ ELECTRONIC MEDIA PRODUCTION ___ INDUSTRIAL SYSTEMS
___ ELECTRICAL ___ DRAFTING & DESIGN ___ NETWORKING ___ HVAC
___ EARLY CHILDHOOD ___ ASSOCIATE OF ARTS (TRANSFER DEGREE)*

** INDICATES A PATHWAY WITH GPA AND ATTENDANCE REQUIREMENTS*

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 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, and 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 Signature: _____ Date: _____

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IMPORTANT: This section is for ALL Contacts for the student (NOT just the person filling out the application). Please list guardians first and then those to be contacted in an emergency in priority order (please provide at least 1).

| | |
|--|--|
| NAME | RELATIONSHIP TO THE STUDENT |
| ADDRESS (if <u>different</u> from the students) | STUDENT LIVES WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PHONE NUMBER | PHONE NUMBER TYPE <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| EMPLOYER & TITLE | WORK PHONE NUMBER |
| EMAIL ADDRESS: | Did you <u>complete</u> your college degree? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME | RELATIONSHIP TO THE STUDENT |
| ADDRESS (if <u>different</u> from the students) | STUDENT LIVES WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PHONE NUMBER | PHONE NUMBER TYPE <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| EMPLOYER & TITLE | WORK PHONE NUMBER |
| EMAIL ADDRESS: | Did you <u>complete</u> your college degree? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| NAME | RELATIONSHIP TO THE STUDENT |
| ADDRESS (if <u>different</u> from the students) | STUDENT LIVES WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PHONE NUMBER | PHONE NUMBER TYPE <input type="checkbox"/> Home <input type="checkbox"/> Cell |
| NAME | RELATIONSHIP TO THE STUDENT |
| ADDRESS (if <u>different</u> from the students) | STUDENT LIVES WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PHONE NUMBER | PHONE NUMBER TYPE <input type="checkbox"/> Home <input type="checkbox"/> Cell |

*Students whose parents have **not** completed a college degree may be eligible for additional scholarship opportunities, as a first generation college student.*



MIDDLE COLLEGE APPLICATION

Parent/Guardian Questionnaire

Dear Parent or Guardian: This is a highly selective program and your responses are very important to us. Please check the appropriate answer below and provide a response, if needed.

Has your student been suspended 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? ☐ YES ☐ NO
If yes, please explain.

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?

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

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

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

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



MIDDLE COLLEGE APPLICATION

Parent/Student Questionnaire

Please answer the following questions by checking YES or NO.

Middle College is a scholarship program worth over \$5000 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 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 the assessment services were completed.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

STUDENT ESSAY

Why are you applying to the Middle College Program?