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# **Early College and Career Academy Student Application: 2020-2021**

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Please print clearly when filling out this form.

In addition to this document, students will need to fill out Parkland College's Admissions Form, either paper or online version: <http://www.parkland.edu/getStarted/apply/applynow.aspx>

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## **Student Information**

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Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

Home High School \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Graduation Year \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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## **Parent/Guardian Information**

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Mother/Female Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father/Male Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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I give permission for my son/daughter to enroll in classes offered by the Early College and Career Academy.

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

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# Early College and Career Academy

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Student Name \_\_\_\_\_

Please mark below the program in which you wish to enroll. If you wish to indicate multiple choices, please indicate with a 1 (first choice) or 2 (second choice).

- High School and Parkland College credit will be awarded for each program.

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## Early College and Career Academy (ECCA) Programs

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- \_\_\_\_\_ Automotive Technology – 1<sup>st</sup> Year      \_\_\_\_\_ Automotive Technology – 2<sup>nd</sup> Year  
\_\_\_\_\_ Computer Networking      \_\_\_\_\_ Computer Programming (Seniors Only)  
\_\_\_\_\_ Auto Body/Collision Repair  
\_\_\_\_\_ Education Pathway  
\_\_\_\_\_ Industrial Technology: Machining, Welding, and Design  
\_\_\_\_\_ Health Professions - Certified Nursing Assistant (CNA)  
\_\_\_\_\_ Criminal Justice (seniors only unless approved by ECCA Director and School Counselor)  
\_\_\_\_\_ Emergency Medical Services (EMT) – **Health Professions Focus** (Seniors Only)  
\_\_\_\_\_ Emergency Medical Services (EMT) – **Fire Service Focus** (Seniors Only)

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## Counselor's Application Checklist – to be completed by High School Counselor

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- \_\_\_\_\_ Transcript (including attendance, GPA, and SAT/ACT scores (if applicable))  
\_\_\_\_\_ Student completed Parkland College's admissions form

Does the student have an IEP or 504 plan? (Check those that apply below)

\_\_\_\_\_ IEP      \_\_\_\_\_ 504 Plan

Attendance History (if not included on transcript):

Current School Year:      Absences \_\_\_\_\_ Tardies \_\_\_\_\_

Previous School Year:      Absences \_\_\_\_\_ Tardies \_\_\_\_\_

The participating district has approved the enrollment of this student in the Early College and Career Academy.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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