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# **Early College and Career Academy**

## **Student Application**

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*Please print clearly when filling out this form.*

*In addition to this document, students will need to complete Parkland College's Admissions Form at:  
<https://explore.parkland.edu/register/earlycollege>*

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### **Student Information**

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Full Name \_\_\_\_\_

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 Programming (Seniors Only, limited exceptions)

\_\_\_\_\_ Construction Trades

\_\_\_\_\_ Criminal Justice (Seniors Only, limited exceptions)

\_\_\_\_\_ Education Pathway

\_\_\_\_\_ Industrial Technology: Machining, Welding, and Design

\_\_\_\_\_ Precision Agriculture (Seniors Only, limited exceptions)

\_\_\_\_\_ Health Professions - Certified Nursing Assistant (CNA)

\_\_\_\_\_ 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 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

**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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