Application for Admission
College Programs for High School Students

Finally
Apply Now!

Complete if you are a first-time applicant wishing to participate in college programs for high school students.

Submit this application for admission to your school counselor/representative or to Admissions at the HACC campus nearest to you.

If you have any questions, please call 800-ABC-HACC.
Contact Information (please print)

Last Name __________________________________________________________________________  First Name __________________________________________________________________________  MI _________

Mailing Address _____________________________________________________________________________________________________________________

City ______________________________  State _________  Zip ___________________  County ______________________________

Primary Phone Number (_________)___________–_________________                          Mobile Phone Number (_________)___________–___________________

Email Address ______________________________________________________________________________________________________________________

Parent/Guardian 1 _____________________________________________  Parent/Guardian 1 Email _________________________________________________

Parent/Guardian 2 _____________________________________________  Parent/Guardian 2 Email _________________________________________________

Residency

Indicate in which school district and state you reside. You are considered a Pennsylvania resident only if you have lived in the state for one full year. You must alert HACC if your residency changes.

__________________________________________________________      _________________________________________________________

School District of Residence                  State of Permanent Residence

Note: Students currently residing in one of HACC's 22 sponsoring school districts located in Cumberland, Dauphin or Perry counties must submit a valid Certificate of Residence from their school district office before they qualify to receive the sponsored tuition rate. Sponsoring school district subsidy does not apply to College in the High School/Technical School courses.

How long have you resided in the state of Pennsylvania? ______Years(s)   _____Month(s)

Personal Information

This information is used for statistical purposes and will not be used to determine admission.

Social Security Number* or HACCID: _____________________________________________    Gender: ☐ M  ☐ F  Date of Birth: _____/_____./_______

*(Note: Providing your social security number is voluntary. If you provide it, the college will use your social security number for tax purposes, determining eligibility for financial aid and veteran benefits. To protect your privacy, it will not be used as your student identification number.)

Are you a United States citizen? ☐ Yes  ☐ No (If no, please supply required information in shaded area below.)

☐ No. I am a permanent resident and am submitting a copy of my Permanent Resident card with this application. (Do not check this box if you are a U.S. citizen.)

☐ No. I am a non-resident alien, have completed the questions below and am submitting a copy of my current visa and I-94 Card with this application.

  Country of Citizenship? ___________________________________________  Current visa? ______________________________

(Note: Students whose primary language is not English may be required to take the HACC ESL placement test.)

What is your primary language? ____________________________________________

Ethnicity (Check one) ☐ Hispanic/Latino  ☐ Non-Hispanic/Latino

Race: (Check one or more) ☐ American Indian/Alaskan Native

  ☐ Native Hawaiian/Other Pacific Islander  ☐ Asian  ☐ White  ☐ Black/African American
High School/Career and Technical School/Home School Information

High School/Career and Technical School/Home School Name: ____________________________________________________________

Anticipated Graduation Date: __/__/____
(mm/dd/yyyy)

Are you currently home-schooled? ☐ Yes ☐ No

Do you currently participate in a Free and Reduced Lunch program? ☐ Yes ☐ No

Do you plan to attend HACC after graduating from high school? ☐ Yes ☐ Unsunless ☐ No, I plan to attend ____________________________________________

Program Information

Registration Year/Term: 20______ ☐ Spring ☐ Fall ☐ Summer

Which HACC location do you plan to attend? ☐ Gettysburg ☐ Harrisburg ☐ Lancaster ☐ Lebanon ☐ York

Do you intend to take classes in your high school/career and technical school through the College in the High School (CHS) program? ☐ Yes ☐ No

Do you intend to enroll in an on-campus class? ☐ Yes ☐ No

Do you intend to take AT LEAST ONE online class? ☐ Yes ☐ No

Do you intend to ONLY take online classes? ☐ Yes ☐ No

Release of Student Information

High School/Career and Technical School/Home School- (Required): The Federal Educational Rights to Privacy Act (FERPA) of 1974 requires your written consent to disclose information to your parent(s), your spouse if you are married, or other third party agencies. Without this consent, HACC cannot release your information to a third party. By completing the information below, you agree to share information with your school.

I authorize HACC, Central Pennsylvania's Community College, to disclose written information on all of my past and current college information regarding (check all that apply):

☐ test data ☐ academic records ☐ personal information ☐ student account information

Print the name and address of your school:

<table>
<thead>
<tr>
<th>School Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Release of Information Authorization End Date __/__/____ (Anticipated high school graduation date recommended)
(mm/dd/yyyy)

Third-Party Release (Optional)

Release of Student Information: The Federal Educational Rights to Privacy Act (FERPA) of 1974 requires your written consent to disclose information to your parent(s), your spouse if you are married, or other third party agencies. Without this consent, HACC cannot release your information to a third party. By completing the information below, you agree to share information with your school (required) or another third party.

I authorize HACC, Central Pennsylvania’s Community College, to disclose written information on all of my past and current college information regarding (check all that apply):

☐ test data ☐ academic records ☐ personal information ☐ student account information

Print the name and address of any additional individual, parent/guardian or agency to which your information may be disclosed:

<table>
<thead>
<tr>
<th>Parent/Guardian or Other Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Relationship to Student __________________________________________________________

Release of Information Authorization End Date __/__/____ (Anticipated high school graduation date recommended)
(mm/dd/yyyy)
Student Memorandum of Understanding

I agree to abide by the policies and regulations of HACC, Central Pennsylvania’s Community College. Further, I understand the following:

- I am responsible to ensure that all required forms and documentation are submitted in a timely manner and that required placement testing is completed before course enrollment is processed;
- Admission to HACC and enrollment in Dual Enrollment College Programs for high school students are separate processes and placement testing may determine eligibility for enrollment;
- I risk being dropped from my classes if I fail to pay tuition in full or fail to make payment arrangements by the due date;
- I understand that I am enrolling in a college class which may contain content that challenges my perceptions of the world around me and expose me to controversial or adult topics;
- I take full responsibility for the outcome of the courses as outlined in the course syllabus provided by the instructor; and
- In the event that I decide to discontinue enrollment in any course, I will immediately notify HACC Admissions and my instructor(s).

In addition, by signing this document, I, the student, agree to the terms of the Student Memorandum of Understanding and the Authorization to Release Information Statement.

I hereby understand that any misrepresentation of information in this application may result in denial of admission or dismissal.

Student Signature

(mm/dd/yyyy)

Parent/Guardian Signature

(mm/dd/yyyy)

☐ Students participating in Free and Reduced Lunch programs may be eligible to receive a tuition reduction. If you DO NOT wish to be considered for this opportunity, please check this box.

High School Recommendation

I, the undersigned, have reviewed this application/enrollment form(s) with the student and attest to the school district support of the student participating in the HACC College Programs for High School Students. The student will be a high school junior or senior at the time of registration. I confirm all student information, to be accurate.

High School Counselor or Principal Signature

(mm/dd/yyyy)

Title