



OFFICE USE ONLY	
Student ID # _____	R _____
Application Received _____	W _____
<input type="checkbox"/> Dual Enrollment Diploma <input type="checkbox"/> Dual Enrollment Degree	M _____
<input type="checkbox"/> Dual Enrollment Both <input type="checkbox"/> ADP	A _____

# HIGH SCHOOL APPLICATION FOR ADMISSION

SOCIAL SECURITY NUMBER    -   -        
(This number will be converted to a Student ID Number)

DATE OF BIRTH (MM-DD-YY)   -   -

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**STATISTICAL DATA** \*This voluntary information is required for purposes of reporting to the federal compliance agencies only and will not be used in determining admission status.

GENDER*	ETHNIC ORIGIN*	RACIAL GROUP* <i>check all races that apply:</i>
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Are you Hispanic or Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK or AFRICAN AMERICAN
Did your father graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		Did your mother graduate from college? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

**MILITARY**

Are you a **dependent/spouse** of an active duty, a veteran, a member of the National Guard, or a reservist in the U.S. Armed Forces?  YES     NO

If **YES**, please check the appropriate box below:

<input type="checkbox"/> MAA Military Active Army	<input type="checkbox"/> MAC Military Active Coast Guard	<input type="checkbox"/> RAFF Military Active Air Force	<input type="checkbox"/> RAM Military Active Marine
<input type="checkbox"/> MAN Military Active Navy	<input type="checkbox"/> MG Military National Guard	<input type="checkbox"/> RR Military Reservist	<input type="checkbox"/> RV Military Veteran

NAME OF HIGH SCHOOL ATTENDING \_\_\_\_\_

CURRENT GRADE:     9TH     10TH     11TH     12TH    YEAR TO GRADUATE \_\_\_\_\_    U.S. CITIZEN?  YES     NO

HOME SCHOOL \_\_\_\_\_

MAJOR #1: \_\_\_\_\_ MAJOR #2: \_\_\_\_\_

TERM YOU WISH TO BEGIN TAKING CLASSES AT SRTC:     FALL SEMESTER (August)     SPRING SEMESTER (January)     SUMMER SEMESTER (May)

I AM A NEW APPLICANT TO SOUTHERN REGIONAL TECHNICAL COLLEGE; I HAVE NEVER TAKEN CLASSES WITH SRTC BEFORE.

I AM A RETURNING STUDENT; I HAVE TAKEN CLASSES WITH SRTC BEFORE

*In accordance with the SRTC Records Management Procedure, application and supporting documents, including transcripts from high school and any previously attended college(s) will be destroyed one calendar year after the date of application for students who do not enroll. SRTC, without violating the Family Educational Rights and Privacy Act (FERPA), also known as the Buckley Amendment, may disclose certain information, known as directory information. "Directory Information" generally includes a student's name, addresses, telephone numbers, date of birth, major and field of study, dates of enrollment, and degrees and awards including nature and date received and school or division of enrollment. Students who wish to restrict the release of this information should notify the Registrar in writing of the specific information not to be released. Such notification should be done within the first 10 days of class.*

**"I give Southern Regional Technical College permission to contact me at the telephone numbers I have provided via any means, including text messages or voice. I understand that I will be responsible for all applicable message and data charges. Standard Message and Data Rates Apply."**

I certify that the information I have given is correct to the best of my knowledge. I acknowledge that failure to give complete and accurate information may invalidate my application and admission to Southern Regional Technical College (SRTC) and result in the loss of financial aid and require repayment to the College of any funds awarded. I understand that I am responsible for any fees not covered by my Financial Aid. I also give permission for my likeness, voice, or comments to be used in any promotional item on behalf of SRTC or the Technical College System of Georgia.

Pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, applicants furnishing false, incomplete, or misleading information will be subject to rejection or dismissal without a refund.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_