FOR OFFICE USE ONLY: 900____ Initials___ Date Entered____

APPLICATION FOR HIGH SCHOOL STUDENTS

IMPORTANT:

All sections of this application MUST be completed. Incomplete applications will NOT be accepted.

1704 South Slappey Blvd. Albany, Georgia 31701 877.261.3113 229.430.3500

ALBANY Technical College.

A Unit of The Technical College System of Georgia

www.albanytech.edu

SECTION 1: PERSONAL IN	FORMATION			
_egal Name	Any Ot	ther Name Used Before	e	
Mailing Address			County of Residence	
Physical Address (if different from	mailing address)			
City	State	_ Zip Code	Date of Birth	(month/day/year)//
Home Phone ()	Cell Phone ()		Work Phone ()	
Emergency Contact		Phone ()		
Email Address				
Social Security Number (Your So	cial Security number is requested for purposes of adm	ninistration. program evaluatio	on and consumer and alumni da	ita. If you do not wish to provide, it will not affec
SECTION 2: STATISTICAL II	NFORMATION (This information is for statis	stical reporting only and w	ill not be used as a basis fo	or admission.)
Gender: 🗆 MALE 🗇 FEMALE	Are you Hispanic/Latino? 🗖	YES INO		
Please select one or more:	☐ American Indian (1)	Pacific Islander (4)	Asian (2)	☐ Black or African American (3)
Are you active in the Armed Fo	☐ Native Hawaiian òr other	TYES T NO	☐ White (5)	
•	e of an active member of the armed force			
Are you a veteran in the Armed	forces?	☐YES ☐ NO	If so, what branch?	
, , , ,	e of a veteran of the armed forces?	☐YES ☐ NO	If so, what branch?	
Are you a Reservist?	- f D	☐ YES ☐ NO		
Are you the dependent/spouse Did either your mother or fathe		☐ YES ☐ NO ☐ YES ☐ NO	if so, what branch?	
SECTION 3: RESIDENCY IN	NFORMATION (Failure to answer the question	ons below may result in th	ne inaccurate assessment o	of tuition. Acceptable documentation and
	missions is required to change residency statu			
Are you a United States citizen	: ☐ YES ☐ NO If no, what Visa t	ype	and/or Resident Alie	en Number A
Are you under 24 years of age:	: ☐ YES ☐ NO			
	If yes → Did your parent(s) or legal guar If yes → What is the state of le Has that parent or legal guardian lived i	dian claim you on theigal residence of the pa	r most recent tax return: arent(s) or legal guardiar	: □ YES □ NO n who claimed vou?
	Has that parent or legal guardian lived i	in that state for the las	t 12 consecutive months	s? ☐ YES ☐ NÓ
SECTION 4: STUDENT TYP	PE/PROGRAM OF STUDY INFORMATION	NC		
Student Status (Check one):				
	high school class day. MOWR covers tuition, fees and most costs.)			
Program of Study/Major				
Oo you plan to graduate from y	your program of study? ☐ YES ☐ NO	Preferred Schedu	le: 🗇 DAY 🗇 EVENING 🗅	J FULL-TIME ☐ PART-TIME
Type of Credential you are see	king (Check one): 🗖 TECHNICAL CERTIFICA	ATE OF CREDIT 🗖 DIPL	OMA 🗖 ASSOCIATE OF	APPLIED SCIENCE DEGREE
Term you wish to enter ☐ Fall	☐ Spring ☐ Summer Year			
SECTION 5: EDUCATIONAL	INFORMATION			
Name of High School		Antioinata	d Graduation Data	
<u> </u>	DMORE (10th)		u Graduation Date	
		- (-)		
_ast Grade Level Completed: [☐ FRESHMAN (9th) ☐ SOPHOMORE (10	Oth) 🗇 JUNIOR (11th)		

Woul	d you like to receive any information on services for: Displaced Homemaker Single Parent Services	r ☐ Single Parent ☐ GED/Adult Education	☐ Limited English Proficiency Services ☐ Peer Tutorial Services			
	nore information on Disability Services, contact Regina Watts, Special Need 11, 229.430.2854 or rwatts@albanytech.edu	,				
Plea	se initial each of the following:					
_	We (student/parent) understand that misrepresentation or omissi	ion of information will be suffic	ient cause for rejection or dismissal.			
_	We (student/parent) understand that an official copy of my High School transcript or GED scores must be provided at the time of application or prior to graduation from ATC.					
_	I, the student, agree to abide by policies and procedures outlined in the ATC Student Handbook. I understand that I will receive the student handbook when I attend the mandatory new student orientation session. I understand a copy can be viewed at all times by visiting albanytech.edu.					
_	I, the student, agree to abide by the ATC Code of Conduct. Participants can be denied at any time for violation of the Student Code of Conduct.					
_	All materials submitted for application become the property of Albany Technical College and will not be returned to the applicant.					
	We (student/parent) give permission for my likeness, voice, or comments to be used in any promotional item on behalf of ATC, a unit of the Technical College System of Georgia.					
_	Ne (student/parent) give permission for ATC to release information to potential employers or other entities as outlined in the college catalog.					
_	We (student/parent) understand ATC is not liable for any emergen	cy medical attention provided	nor for charges incurred from such.			
_	We (student/parent) give ATC permission to contact me at the tele or voice. $ \\$	ephone numbers I have provide	ed via any means, including text message			
Pursuant to O.C.G.A. 16-10-20, it is a felony to make a false statement on any state document. In addition, making a false statement on this application may result in your dismissal from the College.						
My s	signature on this application signifies that all information provided o	on this application is accurate	and correct.			
**Application MUST have parent signature if applicant is under 18 years of age **						
Pare	nt's Signature	Date				

Parent's Signature	Date	
Student's Signature	Date	

As set forth in its student catalog, Albany Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following person(s) has been designated to handle inquiries regarding the non-discrimination policies. Title IX of the Education Amendments prohibits discrimination on the basis of sex in education programs or activities and also covers employment and admission to institutions that receive federal financial assistance. For more information on Title IX, contact Kathy Skates, Vice President of Administration, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.3524 or kskates@albanytech.edu.

In accordance with Section 504, no qualified individuals with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under any program or activity that either receives Federal financial assistance or is conducted by an Executive agency or the United States Postal Service. For more information on Section 504, contact Regina Watts, Special Needs Coordinator, Albany Technical College, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.2854 or rwatts@albanytech.edu

** All information provided on this application is subject to change without notice **

*An individual who wishes to acquire this publication in an alternative format should call 229,430.3500.

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