

# Career Dual Enrollment Application

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
 Public  
 Private  
 Home Education

Student ID: \_\_\_\_\_ Name of Current High School: \_\_\_\_\_

Student's Projected HS Graduation Date: \_\_\_\_\_ ESE? Yes No

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade Level at time of entry: (check one)  9  10  11  12 School Year of Entry: \_\_\_\_\_

Term of Entry: (check one)  Fall (August)  Spring (January)

**PLEASE REFER TO PROGRAM SELECTION DOCUMENT TO COMPLETE THE FOLLOWING  
PROGRAM CHOICE**

First Choice: \_\_\_\_\_ Time: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Parent/Guardian) if under 18

PLEASE NOTE: This application cannot be processed without the student attending an orientation (in person) and taking the computerized Tests of Adult Basic Education (TABE). Failure to complete either requirement will result in a delay of the final decision.

**TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR/SCHOOL OFFICIAL**

I recommend the above student to enroll as a Career Dual Enrolled student.  Yes  No

If no, please state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Counselor/School Official)

\_\_\_\_\_  
(Print Name of Counselor/School Official)

\_\_\_\_\_  
(Counselor Phone Number)

\_\_\_\_\_  
(Date)

**LIVELY TECHNICAL COLLEGE USE ONLY**

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Approved  Denied Date: \_\_\_\_\_

Schedule complete: \_\_\_\_\_