Beaufort County Community College

5337 US Hwy 264 East Washington, NC 27889

Early College High School Application

Year Entering _____ □ Fall □ Spring □ Summer

Highest Grade Completed: □ 8th □ 9th □ 10th □ 11th □ 12th

High School _____

College Liaison_____

Program Type : A10100

Name _____
First **Middle** **Last**

SS# _____ DOB: _____ Sex: □ Male □ Female

Mailing Address _____

City _____ State ____ Zip Code _____ Phone _____

Ethnicity (Are you Hispanic or Latino) □ Yes □ No

Race: □ Caucasian □ African American □ Asian □ American Indian □ Pacific Islander □ Other _____

Residency: Are you a legal resident of North Carolina? □ Yes □ No

Citizenship: □ US Citizen □ Non-Citizen

I give my permission for the Personnel at Beaufort County Community College to release information regarding my attendance, academic progress, test scores, and final transcript to the high school listed below. This release will remain in effect until such time as I rescind it in writing.

_____
Student's Signature **Date**

As Principal of _____High School, I do hereby give my permission for the above student to enroll at Beaufort County Community College. I do certify that this student, while enrolled at the College, is also enrolled at the high school and is making appropriate progress toward high school graduation.

_____
Principal or his/her Designee Signature **Date**