

Please Print Clearly

Fall _____ Spring _____ Summer _____

Name _____
Last First Middle Initial Preferred Name

Home Address _____
Street City State Zip Code

Home Telephone () _____ Cell Telephone () _____

Email _____

Social Security Number _____ Date of Birth _____ Male Female

State Assigned Student Identifier (SASID) (required for all Massachusetts high school students) _____

Emergency Contact _____
Last Name First Name Phone (day) Phone (evening)

Country of Birth _____ Country of Citizenship _____

Ethnic Group: Answer both a & b below

a. Ethnicity: Are you of Hispanic or Latino origin? Yes No

b. Race: Choose one or more from the list below:

- African American/Black American Indian or Alaskan Native Asian
 Native Hawaiian/Pacific Islander White/Caucasian

Is English your first language? Yes No If no, list your Primary Language _____

Did your parents graduate from college? Mother: Yes No Father: Yes No

High School and Home Schooled Applicants

I am currently enrolled at _____ high school and intend to graduate in _____ (month) _____ (year).

Required Signatures

I certify that the student named above is a student in good standing at _____ high school with a cumulative grade point average of C or higher and may take courses in the Middlesex Dual Enrollment Academy to satisfy high school graduation requirements.

Director of Guidance (or designee) Approval _____

Guidance Counselor Name (please print) _____

Guidance Counselor Signature _____

Title _____

Phone Number _____ Email Address _____

Parent or Guardian: I hereby grant permission for my child to apply to the Dual Enrollment Academy at Middlesex Community College. Should my child be accepted, I grant permission to enroll in courses at the college. As a participant in the Dual Enrollment Academy, my child's academic records, and placement testing results, will be released to his/her high school for inclusion in his/her records.

Signature of Parent /Guardian _____ Date _____

Student: If accepted to Middlesex Community College, I agree to accept the regulations of the college and will cooperate with the student, faculty, and administration in the maintenance of high standards and appropriate conduct. I understand that my academic records and placement testing results will be released to my high school for inclusion in my school records. I certify that all information stated on this application is accurate and complete.

Signature of Student _____ Date _____

Any person with a disability needing accommodations, assistance, or auxiliary communication aids or services to participate in programs or activities of Middlesex Community College can contact the ADA Coordinator, Alisa Chapman, at 781-280-3620 or chapmana@middlesex.mass.edu or other representative of the College to make their needs and preferences known. Middlesex Community College is an affirmative action/equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, genetic information, gender identity or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college policies. The College prohibits sexual harassment, including sexual violence. Inquiries or complaints concerning discrimination, harassment, retaliation or sexual violence shall be referred to the College's Affirmative Action and/or Title IX Coordinator, the Massachusetts Commission Against Discrimination, the Equal Employment Opportunities Commission or the United States Department of Education's Office for Civil Rights. (The Commonwealth of Massachusetts, Board of Higher Education, Massachusetts Community Colleges Policy on Affirmative Action, Equal Opportunity & Diversity; December 2014)