

Application for Admission College Programs for High School Students



Apply Now!

Complete if you are a first-time applicant wishing to participate in college programs for high school students.

Submit this application for admission to your high school counselor/representative or to the College Pathways Coordinator at the HACC campus nearest to you.

Applicants who are not currently enrolled in high school and wish to be admitted to HACC should go to HACC's website at hacc.edu and click on "Apply Now."

If you have any questions, please call: 800-ABC-HACC

hacc.edu
800-ABC-HACC



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Finally
YOURS.

Application for Admission

College Programs for High School Students

OFFICE USE ONLY

HACC ID: _____

Date Received: _____

Admit Type: _____

Program: _____

Term: _____

Contact Information (please print)

Last Name _____ First Name _____ MI _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Primary Phone Number (_____) _____ - _____ Alternate Phone Number (_____) _____ - _____

Email Address _____

Residency

Indicate in which School District and State you reside. You are considered a Pennsylvania resident only if you have lived in the state for one full year. *You must alert HACC if your residency changes.*

School District of Residence_____
State of Permanent Residence

Note: Students currently residing in one of HACC's 22 sponsoring school districts located in Cumberland, Dauphin or Perry Counties must submit a valid Certificate of Residence from their school district office before they qualify to receive a lower tuition rate. Sponsoring school district subsidy does not apply to College in the High School/Technical School courses.

How long have you resided in the state of Pennsylvania? _____ Years(s) _____ Month(s)

Personal Information

This information is used for statistical purposes and will not be used to determine admission.

Social Security Number* or HACCid: _____ Gender: M F Date of Birth: _____/_____/_____
(MM/DD/YYYY)

**(Note: Providing your social security number is voluntary. If you provide it, the college will use your social security number for tax purposes, determining eligibility for financial aid and veteran benefits. To protect your privacy, it will not be used as your student identification number.)*

Are you a United State citizen? Yes No (If no, please supply required information in shaded area below.) No, I am a permanent resident and am submitting a copy of my Permanent Resident card with this application (Do not check this box if you are a US Citizen). No, I am a non-resident alien, have completed the questions below and am submitting a copy of my current visa and I-94 Card with this application.

Country of Citizenship? _____ Current visa? _____

(Note: Students whose primary language is not English may be required to take the HACC ESL placement test)

What is your primary language? _____

Ethnicity (Check one) Hispanic/Latino Non-Hispanic/LatinoRace: (Check one or more) American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander Asian White Black/African American

High School/Career and Technical School/Home School Information

High School/Career and Technical School/ Home School Name: _____

Anticipated Graduation Date: ____/____/____
(mm/dd/yyyy)

Are you currently home-schooled? Yes No

Program Information

Registration Year/Term: 20____ Spring Fall Summer I (May, June) Summer II (July, August)

Which HACC location do you plan to attend? Gettysburg Harrisburg Lancaster Lebanon York

Do you intend to take classes in your high school/career and technical school through the [College in the High School \(CHS\)](#) program? Yes No

Do you intend to enroll in an on-campus class? Yes No

If you are attending at the Gettysburg campus, are you taking part in the [Early College](#) program? Yes No

Do you intend to take AT LEAST ONE online class? Yes No

Do you intend to ONLY take online classes? Yes No

Release of Student Information

High School/Career and Technical School/Home School- (Required): The Federal Educational Rights to Privacy Act (FERPA) of 1974 requires your written consent to disclose information to your parent(s), your spouse if you are married, or other third party agencies. Without this consent, HACC cannot release your information to a third party. By completing the information below, you agree to share information with your school.

I authorize HACC, Central Pennsylvania's Community College, to disclose written information on all of my past and current college information regarding (check all that apply):

test data academic records personal information student account information

Print the name and address of your school:

School Name	Street Address	City	State	Zip
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Release of Information Authorization End Date ____/____/____ (Anticipated high school graduation date recommended)
(mm/dd/yyyy)

Third Party Release (Optional)

Release of Student Information: The Federal Educational Rights to Privacy Act (FERPA) of 1974 requires your written consent to disclose information to your parent(s), your spouse if you are married, or other third party agencies. Without this consent, HACC cannot release your information to a third party. By completing the information below, you agree to share information with your school (required) or another third party.

I authorize HACC, Central Pennsylvania's Community College, to disclose written information on all of my past and current college information regarding (check all that apply):

test data academic records personal information student account information

Print the name and address of any additional individual, parent/guardian or agency to which your information may be disclosed:

Parent/Guardian or Other Name	Street Address	City	State	Zip
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Relationship to Student _____

Release of Information Authorization End Date ____/____/____ (Anticipated high school graduation date recommended)
(mm/dd/yyyy)

Student Memorandum of Understanding

I agree to abide by the policies and regulations of HACC, Central Pennsylvania's Community College. Further, I understand the following:

- I am responsible to ensure that all required forms and documentation are submitted in a timely manner and that required placement testing is completed before course enrollment is processed;
- admission to HACC and enrollment in Dual Enrollment College Programs for high school students are separate processes and placement testing may determine eligibility for enrollment;
- the application fee is non-refundable regardless of eligibility for course enrollment;
- I risk being dropped from my classes if I fail to pay tuition in full or fail to make payment arrangements by the due date;
- I understand that I am enrolling in a college class which may contain content that challenges my perceptions of the world around me and expose me to controversial or adult topics;
- I take full responsibility for the outcome of the courses as outlined in the course syllabus provided by the instructor; and
- In the event that I decide to discontinue enrollment in any course, I will immediately notify the Campus College Pathways Coordinator and my instructor(s).

Student Signature

(mm/dd/yyyy)

Signatures

By signing this document, I, the student, agree to the terms of the Student Memorandum of Understanding and the Authorization to Release Information Statement. I hereby understand that any misrepresentation of information in this application may result in denial of admission or dismissal.

Student Signature

(mm/dd/yyyy)

I, the parent/guardian, have reviewed this application for the Dual Enrollment Program and approve my dependent child's financial and educational responsibilities to participate with my signature below.

Parent/Guardian Signature (required if student is under age 18)

(mm/dd/yyyy)

High School Recommendation

I, the undersigned, have reviewed this application/enrollment form(s) with the student and attest to the school district support of the student participating in the HACC College Programs for High School Students. The student will be a high school junior or senior at the time of registration. I confirm all student information, to be accurate.

High School Counselor or Principal Signature

(mm/dd/yyyy)

Title