



HALIFAX EARLY COLLEGE HIGH SCHOOL
APPLICATION FOR ADMISSION



The information on this form is confidential. With the exception of directory data, this information will not be released to anyone without your knowledge and prior consent. You must notify the Halifax Community College Admissions Office immediately if there are any changes in this information.

Application Rec'd _____
Entered By _____
Date Entered _____

Please print or type. Optional fields are designated with *. All other fields are required.

Part A: Personal Data

Student Name _____
(Last) (First) (Middle)

Address _____
(Street, Route, PO Box) (City) (State) (Zip) (County)

Home Telephone _____ Business/Cell Phone _____

Social Security Number _____ Birthday ____/____/____

Father's Name _____ Mother's Name _____

Parent (s) Email Address(es) _____

This information is voluntary and is for record keeping accuracy as a personal identifier for internal records of the institution and will not be used in a discriminatory manner.

- *Ethnic Origin: 1 White, Non-Hispanic 2 African American, Non-Hispanic
 3 American Indian/Alaskan 4 Hispanic
 5 Asian or Pacific Island 6 Other/Unknown/Multiple _____

- *Gender: Female
 Male

*Need-Based Assistance: Do you currently receive free or reduced lunch? ____ Yes ____ No

Do you have any relatives currently attending RVEC? If so, please give student's name and relationship _____

Middle School Attending:

Name of School _____ Address _____

Current Grade _____ Last Date Attended _____

Parent/Guardian Educational Data: (Select the appropriate designation)

Father's Education

- Did not finish high school
- High school graduate
- Some education after high school
- Trade or business school graduate
- Community, technical or junior college graduate
- Four-year college graduate
- Graduate school degree
- Higher than graduate degree

Mother's Education

- Did not finish high school
- High school graduate
- Some education after high school
- Trade or business school graduate
- Community, technical or junior college graduate
- Four-year college graduate
- Graduate school degree
- Higher than graduate degree

Residency:

All potential students must live in the Halifax Community College Service area.

(Select your county of residence)

Halifax County

Northampton County

I certify that the information that I have given on this application is accurate to the best of my knowledge, and I agree to observe all the rules and regulations of the Halifax Early College High School (HECHS) at Halifax Community College and Halifax County Schools. I further agree to allow the publication of personal information pertaining to honor rolls, scholarship, clubs, student organizations, news releases, and for use in other publications considered normally associated with the school systems. All students enrolling in HECHS shall be deemed to have agreed to publication of data as indicated above unless a disclaimer is filed with the Halifax Community College Registrar by the 10th day of the semester in which enrollment is made. A non-disclosure form must be completed each academic year.

Signature of applicant _____

Date _____

Signature of parent/legal guardian _____

Date _____

Note: Please return completed application form to:

**Halifax County Schools
Attention: Mrs. Gail Powers
9525 Highway 301 South
Halifax, NC 27839**

Applications Due: April 30, 2019

Halifax Early College HS is located on Halifax Community College's main campus.

Halifax County Schools and Halifax Community College are equal opportunity institutions and do not discriminate on the basis of race, religion, ethnic origin, age, sex, marital status, or handicap in the administration of educational policies, employment policies, admissions policies, scholarship and loan programs, and other administrative programs.

Halifax County Schools are accredited by AdvancED.

**Halifax Community College is accredited by
Southern Association of Colleges and Schools.**

In compliance with Federal Law, Halifax County Schools administers education programs, employment activities and admission without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability.

This notice is provided as required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990.

Part B:

Future Educational Goals
(handwriting)

(Important: To be completed by student applicant only in his/her own handwriting)

Please write 2-3 paragraphs explaining your future educational goals and how you believe attending Halifax Early College High School will help you obtain your goals.

Student/Parent Commitment: I committ that my son or daughter will complete the program at HECHS which includes a high school diploma and a certificate from HCC or an Associates Degree from HCC. I also understand that if my son or daughter does not meet the needed requirements, such as passing the HCC placement test by June 1st of their 10th grade year and a review of their progress after their 9th grade year that they could be reassigned to their traditional setting.

Parent Name (Printed)

Parent Name Signature and Date

Halifax County Early College High School School Team Recommendation Form Applicants for the 2019-20 School Year

This form should be completed by a school team for students who have applied to HECHS. The School Team should consist of the student's current teachers and counselor. The team should complete this form reaching consensus about the student's social and emotional readiness to take college level high school classes concurrently, to attend college classes with adults, and to be successful with minimal supervision that is the nature of attending high school on a college campus (HECHS). This form should be returned to Mrs. Gail Powers, Halifax County Schools by April 30, 2019 at 5pm. Halifax County Schools can send the form in a sealed envelope through the courier to HECHS Attention: Mrs. Gail Powers. **Private, charter, and home-schools can mail the form to:**

Halifax County Schools
ATTN: Mrs. Gail Powers
9525 Hwy 301 South
Halifax, NC 27839

Student's Full Name: _____

School: _____

Social and Emotional Characteristics	Excellent (All the time)	Above Average (Most of the Time)	Average (Sometimes)	Below Average (Almost Never)	Not Observed
Ability to reason and solve problems without conflict					
Consistent work ethic					
Willingness to accept challenges					
Perseveres through challenges					
Interpersonal Relations Peers: Gets along well with others					
Interpersonal Relations Instructors: Respectful, willing to ask questions to clarify understanding					
Maturity: Possesses self-direction and confidence					
Reliability: Dependable and has a sense of responsibility					
Communication Skills: verbal skills, clarity of expression					
At-risk of dropping out of high school - lack of engagement and need for academic challenge					
Collaborative: ability to work with others in a group					

Based on your overall experience with the applicant, what is your recommendation to HECHS?

Highly Recommend
 Recommend
 Recommend with reservation
 Do Not Recommend

Name of Team Member (Print)	Signature	Date

Please attach additional pages if needed.

ARE YOU READY TO SUBMIT YOUR APPLICATION?

A COMPLETED APPLICATION PACKET INCLUDES ALL OF THE FOLLOWING:

- 1. Required Powerschool transcript record may be obtained from the student's current school office**
- 2. Attendance profile for the past 2 years**
- 3. Discipline records for past 2 years (If the student does not have a disciplinary history, a statement confirming disciplinary status must be obtained from a school counselor or an administrator.)**
- 4. State Testing Summary for the student (include all EOG/EOC scores for elementary, middle and high school years, if available)**
- 5. Final report card from 2 previous school years and the student's most recent report card for current school year or historical grade record from current school**