Date:			





This application is one of several tools that will be used to help determine admission to the Early College Program. Please complete each section and return it to your building counselor.

complete each section and re	eturrit to your t	diffulling courtselor.					
PERSONAL INFORMATI	ON (PLEASE PRIN	T)					
Last Name:		First Name:				Middle Initial:	
Current Grade: Date of Birth: F			Ple			e interested in:	
					cturing, Engine	ering and	
		Technology		-, -			
				☐ Health II	nformation Tec	hnology Degree	
Gender:	Are you cu	rrently enrolled	in F	remont City	Schools?		
☐ Male	☐ Yes	5					
☐ Female	□ No						
	If "	no" what schoo	l do y	you currently	attend:		
Mailing Address							
L	Street Addr	ress				Apt.#	
City/Town	State			Zip / Postal		Code	
Communication							
Communication							
Student E-mail Address			Phone Number				
Previous College Course	es taken						
Name of the class	(College or Unive	rsity	the course w	as taken	Grade Earned	

The Early College Program will be targeting stud		eir families to earn	an Associates' Deg	gree or a f	our year degree.		
We are requesting parents complete this portion	on of the application.						
PARENT / GUARDIAN INFORMATI	ON (PLEASE PRINT)						
Last Name	First Name F			Relati	Relationship		
Mailing Address	I						
Street A	ddress			A	pt.#		
	<u> </u>						
City/Town	State Zip / Postal Co			l Code			
Communication							
Parent E-mail Address	Address Phone Number						
Parent Education		Γ					
College Attended		Degree Earned			Year		
PARENT / GUARDIAN INFORMATI	ON (PLEASE PRINT)						
Last Name	First Name	First Name		Relationship			
Mailing Address							
Claret A							
Street A	address			А	pt.#		
City/Town	State Zip / Pos			tal Code			
Communication							
Communication							
Parent E-mail Address		Phone	e Number				
Donant Education							
Parent Education							

General Student Inf		counselor	to get course grades and atto	endance)		
carrein Grades (Gradent III			to Bet obaise Braces and att	ciraanocy		
Math 8 Algebra		= =			ial Studies /	Science
					History	
Number of days abse	nt (2016-2017)	Numbe	r of days absent (2017	-2018)	Number of dis	ciplinary referral
Co-Curricular / Extra	a Curricular Act	tivities (may use activities o	utside	of school):	
Name of the Co-Curricular	/ Extra Curricular Ac	ctivities				Date / years
Community Service	:					
Name of the organization						Date / years
<u> </u>						
References: Names of <i>current</i> teachers			ail and current building			

Student Essays:

The essay section of this application will be used to help determine each student's college readiness. Please be thoughtful with your responses and use the directions provided to complete your answer.

Required Essay Format:

- 1. Please answer the following question using a separate sheet of paper.
- 2. Please place your name and current grade at the top left of your paper.
- 3. Please double space your 200 to 300 word response using a 12 point Times New Roman font.

All responses will be assessed based on the following:

- 4. Is the response clearly stated with multiple supporting details?
- 5. Is the response written in the required format?
- 6. Does the organization of details contribute to the response?
- 7. Does the response show proper use of spelling, punctuation and grammar?

Student Essay Question

What is a challenge that you have had to face in your life and what did you do to overcome this challenge? What did you learn through this experience? How did this impact your life? What advice would you give to someone going through this same challenge?