

Part-Time Academic Dual Enrollment

Please submit this application to the High School Dual Enrollment Office in Building R, room 05. If you have ACT or SAT scores please attach a copy of your official scores.

SOCIAL SECURITY NUMBER

Notification of Collection and Use of Social Security Numbers (Section 119.071(5), Florida Statutes) This notice is intended for students, employees, and applicants. Santa Fe College collects your social security number for use in performance of the college's duties and responsibilities for the following possible purposes: classification of accounts; identification and verification; creditworthiness; billing and payments; data collection; reconciliation; tracking; benefit processing; tax and scholarship reporting; financial aid processing; athletics recruiting; accreditation of programs; and reporting to authorized agencies of the state and federal government. Social security numbers are also used as a unique numeric identifier in certain cases and may be used for search purposes. Federal law requires that we protect social security numbers from disclosure to unauthorized parties. Students and employees are assigned SF identification numbers to assist in protecting their identities.

Social Security Number (Assigned by Dual Enrollment Office)

Social Security number is required to create your Santa Fe ID number.

Student's Santa Fe ID Number -

STUDENT INFORMATION

Last Name First Name Middle

Address Apt/Lot Number

City State Zip Code

County Country of Citizenship Date of Birth

Home Phone Number Cell Phone Number

CURRENT SCHOOL INFORMATION

Are you a Home School student? Yes No *Please attach verification of active home school status from the school board. Once accepted you will be provided with a form to register "in name only" at your zoned school in order for textbooks to be loaned free of charge.* Zoned School

High School County Current High School

Do you have a zoning exemption? Yes No *If you have a zoning exemption, you need to complete an exemption form every year with the school board.*

Select a Dual Enrollment option: College Academic (AA) Fine Arts Career and Technical Education

Grade Level Expected Graduation Date

Do you have an ESE accommodation plan? Yes No *If you have an ESE plan, you must attach an accommodation plan and psychological evaluation.*

Do you have a 504 accommodation plan? Yes No *If you have a 504 plan, you must attach your 504 eligibility documentation.*

Are you a Private School student? Yes No *If you are a Private School student, you must attach a high school transcript with this application.*

DEMOGRAPHICS

Male Female

Race: White, Non-Hispanic Black, Non-Hispanic American Indian Asian or Pacific Islander Hispanic Other

FAMILY

Mother/Guardian

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>			Apt/Lot Number	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Employer	<input type="text"/>			Work Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>			Cell Phone Number	<input type="text"/>

Father/Guardian

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Address	<input type="text"/>			Apt/Lot Number	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Employer	<input type="text"/>			Work Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>			Cell Phone Number	<input type="text"/>

LOCAL EMERGENCY CONTACT(S)

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Home Phone Number	<input type="text"/>			Cell Phone Number	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle	<input type="text"/>
Home Phone Number	<input type="text"/>			Cell Phone Number	<input type="text"/>

STUDENT AND PARENT SIGNATURES

My signature gives permission to share my educational records with my instructors, counselor and parent(s)/guardian(s) to ensure success. I understand that the grades I receive in college courses will remain on my permanent college transcript.

Signature of Student Date

I understand that Dual Enrollment students interact with college students and are exposed to the social and intellectual challenges of a college campus.

Is student considered a dependent for your tax purposes? Yes No

Signature of Parent or Guardian Date

Santa Fe College is committed to an environment that embraces diversity, respects the rights of all individuals, is open and accessible, and is free of harassment and discrimination based on, but not limited to, ethnicity, race, creed, color, religion, age, disability, sex, marital status, national origin, genetic information, political opinions or affiliations, and veteran status in all its programs, activities and employment. **EA/EO notice**
Inquiries regarding non-discrimination policies should be directed to:

Lela Frye, Equal Access/Equal Opportunity Coordinator,
3000 NW 83rd Street, R-Annex, Room 105, Gainesville, Florida 32606, (352) 395-5420, lela.frye@sfcollege.edu

Last Name First Name Middle

ACADEMICS (THIS SECTION IS TO BE COMPLETED BY A HIGH SCHOOL COUNSELOR)

Grade Point Average: (unweighted)

Test Scores: An official copy of ACT or SAT scores must be attached if the student has scores. Students may make arrangements with the Santa Fe College Dual Enrollment Office to take the PERT, which is free of charge.

PERT
Date Taken
Reading
Writing
Math
CLM

SAT
Date Taken
Verbal
Math

ACT
Date Taken
English
Math
Reading
Science
Composite

COUNSELOR NOTE: A 3-credit hour college class equates to .5 high school credits. There are some exceptions which are 1.0 high school credit. The minimum full-time college load is considered 12 credit hours. You will want to consider this information for your high school student to maintain full-time status.

Number of classes to be taken at the student's high school

Number of classes to be taken at Santa Fe College

Comments: _____

HIGH SCHOOL COUNSELOR SIGNATURE

Signature of High School Counselor Date

HIGH SCHOOL PRINCIPAL SIGNATURE (ONLY IF AN EXCEPTION TO PROCEDURE IS REQUESTED)

Signature of High School Principal Date