

RETURNING STUDENT

Date: _____

OCtech Student ID or SSN _____ Last Name _____ First Name _____ MI _____

Complete this section ONLY if the information is different from your Early College application.

Permanent Mailing Address _____ City _____ State _____ Zip Code _____

Home Number _____ E-mail Address _____ County of Residence _____

Mobile Number _____ Text me important updates and reminders.

In case of emergency, contact: _____
Last Name First Name Daytime Telephone Work Number

Education Information:

Have you attended any other college before? Yes No

If yes, please list previous colleges you have attended:

High School: _____

| REQUESTED COURSES | | | |
|-------------------|---------|------|-------------|
| COURSES | SECTION | DAYS | CLASS TIMES |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please read carefully and sign:

I certify that the information provided by me on this application is complete and accurate.
 I authorize OCtech to release my final grades to my high school upon completion of Early College courses.

Applicant's Signature _____ Date _____

Guidance Counselor Signature _____ Date _____

Principal/Headmaster Signature _____ Date _____

| FOR OFFICIAL USE ONLY | |
|------------------------------------|--|
| Term: _____ | Lunch Designation: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Does Not Qualify |
| Staff Signature: _____ Date: _____ | |