



APPLICATION FOR HIGH SCHOOL ADMISSIONS 2017-18 REV. 11/17/2015

- Please print 1 copy of application and submit to your high school counselor.
- HS Counselor attaches PLAN scores, transcript and attendance records.
- SOTC staff will interview you to discuss your application.
- Notification of acceptance into an SOTC Career Major will be given to your Counselor and sent to you by mail.
- Accepted applicants will be sent the link to the enrollment packet for the Spring Pre-enrollment session. Forms must be signed by your parent/guardian.

Student Data:

Last: _____ First: _____ Middle: _____

High School: _____ Current Grade: 10th 11th 12th

Birthdate: _____ Gender: Male Female

Main Phone Number: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Guardian Information/Emergency:

Contact Name: _____

Relationship: Mom Dad Grandparent Guardian Other: _____

Main Home Phone: _____ Contact Cell Phone: _____

Work Phone: _____

2nd Emergency Contact:

Name: _____

Relationship: _____ Contact Cell Phone: _____

Work Phone: _____

NOTICE: Completion of this application by itself does not constitute admissions to SOTC or placement on a waiting list.

My Choice of Career Majors are:

1st Choice: _____ AM PM or Either

2nd Choice: _____ AM PM or Either

To Be Complete by SOTC:

Last Name: _____

Career Major: _____

First Name: _____

AM PM Approved by: _____

High School: _____

Date Accepted: _____

Please respond to the following questions *in typewritten or your own handwriting, using complete sentences and Standard English.*
Be prepared to discuss your responses with an SOTC Representative during your interview.

1. What is your Career Goal? _____
2. What led you to apply for admission to SOTC? _____

3. What are your plans after completing your career major at SOTC? (ie., career, education) _____

4. Have you visited the SOTC Campus: Yes No If yes, please list Career Majors visited: _____

HIGH SCHOOL SENIORS: Begin the ADULT admissions process by completing the financial aid application at www.fafsa.ed.gov and signing up for pre-admissions assessment at SOTC. Note: OSSM, PASS, Practical Nursing, Dental Hygiene, and Adult Career and Development (evening and Saturday) courses use a separate admissions procedure.



Release of Information

I, _____, agree that my academic and personal information (i.e. grades, educational progress, or attendance records) will be exchanged from my sending school to SOTC. I also understand that SOTC has permission to share the same information. I understand that this written consent (signature) releases SOTC and any person(s) affiliated with SOTC from any and all liabilities of student confidentiality relating to any information described above which is given to the inquiring school or agency.

Student Signature

Date

BEFORE YOU PUSH SUBMIT BUTTON: Please print and give this application to your high school counselor, who will attach the following documents and sign verification below:

- TRANSCRIPT
- CUMULATIVE ATTENDANCE REPORT
- ACADEMIC ASSESSMENTS (ACT, EO'S, etc.)
- CAREER INTEREST ASSESSMENT

Counselor Verifies the above student lives within the district: _____

**If student is a transfer student, is their address within the SOTC district? ___ YES ___ NO*
SOTC may require additional documentation for proof of address.

SOTC doesn't discriminate on the basis of race, color, national origin, gender, age, or disability in admission to its programs, services or activities, in access to them, in treatment of individuals or in any aspect of their operations. SOTC also doesn't discriminate in its hiring or employment practices.