



OFFICE OF REGISTRATION & RECORDS

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TTY & VOICE RELAY 711

APPLICATION FOR HIGH SCHOOL STUDENTS

DIRECTIONS: Any high school junior or senior who wishes to enroll as a PART-TIME STUDENT for either a fall or spring semester or any high school student who has completed his/her sophomore year and wants to enroll for a summer session must complete this form. A new "High School Application" must be completed EACH semester a high school student attends Ocean County College. This form must be signed by either the student's High School Principal or Guidance Counselor and also serves as a "release of information" to high school officials. (NOTE: Student must complete a regular APPLICATION FOR ADMISSIONS for full-/part-time enrollment following graduation.)

Please type or print clearly in ink.

Social Security # **or** OCC Student ID _____

Name _____
Last First MI

Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ Email _____

Birth Date (mm/dd/yyyy) _____ Gender Male Female

High School _____ **Expected Date of High School Graduation** _____

Citizenship: U.S. Resident Alien (valid Green Card required) Non-Resident Alien

Certification of Residence verified by Director of Guidance of high school for current academic year: _____

Director of Guidance _____

High School _____ Date _____

Race/Ethnicity (*Data used for reporting purposes only. We ask that you please respond.*)

1. Do you consider yourself to be Hispanic/Latino? Yes No

2. In addition, please select one or more of the following categories to describe yourself:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White

Starting Semester: Year _____ Fall Spring Summer Other

Current High School Class: High School Senior High School Junior High School Sophomore High School Freshman

Would you like to receive information on:

Center of Student Success – Disability Services Educational Opportunity Fund (EOF) NJ STARS



APPLICATION FOR HIGH SCHOOL STUDENTS, *continued*

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Relationship _____ Phone _____

If admitted, I agree to abide by the policies of Ocean County College.

Applicant's Signature _____ Date _____

To Parent/Guardian of Applicants:

I hereby agree to be responsible for all tuition and fees due Ocean County College for the enrollment of my dependent.

Signature of Parent or Guardian _____ Date _____

**NOTE: Enrollment in English or Math courses requires appropriate SAT, ACT, or HSPA scores.
Upper level math courses additionally require the College Level Math Test.**

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	DAYS/TIMES	CREDITS
<i>(example) ENGL</i>	<i>151</i>	<i>01</i>	<i>English I</i>	<i>MTH 3:30-4:45</i>	<i>3</i>

TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR

This student is in good standing at _____ High School and is recommended to attend the semester/year at Ocean County College.

Please check one: This student is required to take the courses listed above.
 I authorize the student to select his/her courses.

Principal or Counselor's Signature _____ Title _____ Date _____



Assistance Available Upon Request

Ocean County College prohibits discrimination on the basis of race, color, creed, sex, national origin, age, religion, veteran's status, marital status or disability. This Institution complies with the provision of Section 504 of the "Rehabilitation Act of 1973."