

DUAL ENROLLMENT PROGRAM

777 Elsbree St, Fall River, MA 02720

Phone: 774.357.3519

Please submit application to email: dual.enrollment@bristolcc.edu

BRISTOL

COMMUNITY COLLEGE

Attleboro | Fall River | New Bedford | Taunton | Online

First Name:	Last Name:	Intended semester of study: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
D.O.B.	BCC Student ID # 900-	
Mailing Address:		Biographical Information <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary Pronouns: <input type="checkbox"/> She/Hers <input type="checkbox"/> He/His <input type="checkbox"/> Them/They How do you describe yourself: <input type="checkbox"/> Hispanic, Latino (X) or Mexican <input type="checkbox"/> Caucasian <input type="checkbox"/> Portuguese <input type="checkbox"/> African American <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Native America <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multi-Racial
City:		
State:	Zip Code:	
Home Phone:		
Cell Phone:		
Email: Required for registration confirmation.		
High School Name:		Did your mother earn a 4 year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Year of Graduation:		Did your father earn a 4 year college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
SAT/ACT or Accuplacer Testing Scores*: Reading Writing Mathematics		After H.S., do you plan on attending BCC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
* Submit a print out of SAT/ACT scores with application before taking the Accuplacer		

STUDENT CERTIFICATION

As a Dual Enrollment high school student, I understand that it is my responsibility:

- to pay for all textbooks and any special program fees associated with completing the course(s)
- to have completed all prerequisites listed in the BRISTOL catalog
- to arrange my own transportation to the site where the course(s) will be offered
- to provide a copy of my high school/home school curriculum including graduation requirements upon request
- to maintain a GPA of 2.5 at BRISTOL to continue in the Dual Enrollment Program
- to self-pay if my family does not qualify based on the Federal Income Guidelines set forth on page 2, unless otherwise enrolled into a contract course or has approved Bristol waiver.

I certify that the information that I have provided in this application is accurate and complete. Further, by signing this form, I agree to abide by all the rules and regulations and the student code of conduct of Bristol Community College. I also consent to the reproduction and/or use of photographs of me in catalogs or other publications and in all forms of media and in all manners including display, editorial, art and exhibition unless the "no" box is checked. **No**

Signature of applicant: _____ Date: _____

FINANCIAL ELIGIBILITY FORM

Student Name (please print legibly): _____

Parent/Guardian Name (please print legibly): _____

All information on this form is **REQUIRED** to process the application for Dual Enrollment. Please select family unit size **AND** family income level below. Do not leave blank, otherwise the application will be deemed incomplete.

Federal Current-Year Low-Income Levels (Effective **January 11, 2019** until further notice)

<u>Size of Family Unit</u>	<u>48 Contiguous States, D.C., only</u>
<input type="checkbox"/> 1	<input type="checkbox"/> \$18,735
<input type="checkbox"/> 2	<input type="checkbox"/> \$25,365
<input type="checkbox"/> 3	<input type="checkbox"/> \$31,995
<input type="checkbox"/> 4	<input type="checkbox"/> \$38,625
<input type="checkbox"/> 5	<input type="checkbox"/> \$45,255
<input type="checkbox"/> 6	<input type="checkbox"/> \$51,885
<input type="checkbox"/> 7	<input type="checkbox"/> \$58,515
<input type="checkbox"/> 9	<input type="checkbox"/> \$65,145
<input type="checkbox"/> Income Exceeds Federal Poverty Index	

For family units with more than eight members, add the following amount for each additional family member: \$6,630 for the 48 contiguous states, the District of Columbia, and outlying jurisdictions. The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

MA Residents: The MA Department of Education and Secondary Education considers a student economically disadvantaged if he/she participates in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP); the Transitional Assistance for Families with Dependent Children (TAFDC); the Department of Children and Families' (DCF) foster care program; and MassHealth (Medicaid).

Parent/ Legal Guardian Signature:

Signature indicates approval for minor to register for college courses. I certify that the above financial information is true and accurate. I agree that if deemed ineligible for a free course, I will self-pay I do not wish to self-pay Contract Course

Signature

Relationship

Date

SCHOOL DEPARTMENT AUTHORIZATION FORM

STUDENT REGISTRATION

First Name: _____ Last Name: _____ 900# _____

Current Grade: Freshman Sophomore Junior Senior Year of Graduation: _____

SASID 10 Digit #: _____ High School G.P.A.: _____

This student is enrolled in the Career Vocational Technical Education Program: Yes No

Program Name: _____

This student is enrolled in the BRISTOL Educational Talent Search Program or Upward Bound Program

This student is a first time Dual Enrollment participant: Yes No

This student will utilize one of our allotted slots: Yes No If yes: Low Income Non-Low Income

Guidance Counselor or A.H.R. (Print)

Signature

Date

A signature attests to the accuracy of the information provided, including course(s) selection.

Phone: _____ Email: _____ Allocation Slots: _____ of _____

High School Transcripts must be attached.

Courses to be Registered for : All In order of preference Term: Fall Spring Summer

CRN	Course	No.	Sect.	Title	Credits	Day	Time

Alternate Course

CRN	Course	No.	Sect.	Title	Credits	Day	Time

** Students should designate an alternate course because their first choice may be full or the course may be cancelled.

Please Do Not Write Below This Line

For Office Use Only

Dual Enrollment CDEP CVTE Self-Pay Bristol Employee Pell Experiment Contract Course | **Bristol Waiver:** Non-LI LI

HS GPA: _____ BRISTOL GPA: _____

If the student does not meet the GPA, a request to waive the GPA requirement has been submitted: Yes: _____ No: _____

Signature (BCC Administrator): _____ Date: _____