

Minor Application Checklist

Attached are two minor forms that must be completed - the “*Parent/Guardian Petition for the Admission of a Minor Applicant*” and the “*AHS/HSE Student Application Form*”. Both forms with all appropriate signatures in place must be returned to the GEAR office before an orientation date will be set.

The Parent/Guardian Petition for the Admission of a Minor Applicant form must have the following signatures:

If you withdrew from a Brunswick County High School within the last six (6) months:

We will need...

- 1. Principal’s signature
- 2. Superintendent’s signature (Brunswick County Board of Education Office, Bolivia, NC)
- 3. Parent/guardian’s signature – Notarized

If the school you attended within the last six (6) months is outside of Brunswick County, but in North Carolina:

We will need...

- 1. Parent/guardian’s signature - Notarized
- 2. Official school withdrawal form(s)

If you withdrew from school more than 6 months ago or did not attend school in North Carolina:

We will need...

- 1. Parent/guardian’s signature – Notarized

Please bring the completed forms and the student’s official transcript* to Racheal Smith in Building D, office 135, or Jennifer Lester in Building D, office 134 on the main campus of Brunswick Community College in Bolivia, NC.

**Adult High School students are required to have an official/certified unopened transcript. You should obtain this from the high school where you last attended. High School Equivalency students are not required to provide a transcript.*

For orientation information, please call (910) 755-7358 or (910) 755-7400.

BRUNSWICK COMMUNITY COLLEGE

PARENT/GUARDIAN PETITION FOR THE ADMISSION OF A MINOR APPLICANT

Required for enrollment in Adult High School or High School Equivalency classes and/or taking HSE tests.

SECTION A:

Full Name of Minor	/ / Social Security Number		
Mailing Address	City	State	Zip Code
Date of Birth	Telephone Number		
Last School Attended	Date Last Attended		
Driver's Permit/License Number	Date Issued		

If the above-named minor has never attended elementary or secondary school in North Carolina, Section B and C do not apply.

SECTION B:

The above minor left the school of which I am Principal on: _____
Month Day Year

PLEASE INDICATE THE FOLLOWING:

- _____ Student WAS NOT making adequate progress at the time of withdrawal. DMV has been notified to process revocation of licenses/permit.
- _____ Student WAS making adequate progress at the time of withdrawal. DMV has been notified to process revocation of licenses/permit.
- _____ Student has been granted an Eligibility Certificate based on hardship.

Signature of Principal (or Designated Representative) School Date

SECTION C:

If the student expects to enroll in less than six months from the date of withdrawal from public school, this section must be signed by the Superintendent of the school system in which the minor resides. As Superintendent of the School system in which the above-named individual resides, I hereby waive the six-month waiting period.

Signature of Superintendent (or Designated Representative) School Date

SECTION D:

I, _____, being the parent, legal guardian or other person or agency having legal custody of the above minor, hereby certify that the place of residence, date of birth and the date on which the minor applicant officially dropped out of school are correct as stated above.

Signature of parent or legal guardian Date

Subscribed and sworn before me this _____ day of _____, 20__

Signature of Notary Public Date Commission Expires Official Seal



BRUNSWICK COMMUNITY COLLEGE

Adult High School / High School Equivalency Student Application

To be completed and signed by **STUDENT**

Please answer the following questions *completely and legibly*:

Date of application _____ / _____ / _____

Name: _____

Address: _____

Telephone: _____ - _____ - _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____ Age: _____ Married: Yes / No

Email Address: _____

Employer: _____ Work Number: _____ - _____ - _____

I am planning to attend (circle one on each line):

- Adult High School Program High School Equivalency (GED®/HiSET®) Program
- Day Classes Evening Classes Online Classes
- Main Campus Leland Center Southport Center Other

Last grade completed: _____ Last School Attended: _____

Date last attended school _____ / _____ / _____ What year were you to graduate? _____

Why do you want to attend our program? _____

Emergency Contact: _____ Phone Number: _____

Relationship to Student: _____

Parent Name (minors): _____ Parent Phone Number: _____

Parent Email Address (minors): _____

By supplying this information, I agree to the release of information related to my participation in the GEAR program to my parent or guardian.

Student Signature: _____ Date: _____

