

**BRUNSWICK**  
**COMMUNITY COLLEGE**

**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.

**GEAR "Gateway to Employment & Academic Readiness"**

# 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 \_\_\_\_\_

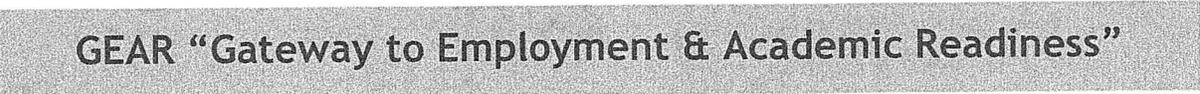
**SECTION D:**

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: \_\_\_\_\_

**GEAR "Gateway to Employment & Academic Readiness"**

# BRUNSWICK COMMUNITY COLLEGE

## Student Education Records Acknowledgement Form

**Please Print Clearly**

By completing this form, you are authorizing BCC to release information regarding your student record(s) to the individuals listed below. This includes (but is not limited to) information related to financial aid, billing, attendance, grades, advising, etc. This form replaces all previous authorizations in effect.

\_\_\_\_\_  
Student Name (First, MI, Last)

\_\_\_\_\_  
Student BCC ID #

\_\_\_\_\_  
Student Email Address (BCC or personal)

\_\_\_\_\_  
Student Birthdate (MM-DD-YY)

Under the Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g and Leon's Law, SL 2025-46, the Brunswick Community College is permitted to disclose information from your education records to your parent(s)/legal guardian(s), without consent, if they claim you as a dependent for federal tax purposes.

I, \_\_\_\_\_, acknowledge the following, to the extent allowed under the Family Educational Rights and Privacy Act (FERPA) and Leon's Law,

- (1) My education records will be provided to my parent(s)/legal guardian(s) as long as the parent/legal guardian has not opted out of receiving the education records.
- (2) My education records will be provided to the school administrators and school counselors at the school in which I am dually enrolled.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Provide Contact Information for parent(s)/legal guardian(s):**

Parent/Guardian 1:

Parent/Guardian 2:

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_

Processed by: \_\_\_\_\_

Name: \_\_\_\_\_