



**2012 ENROLLMENT APPLICATION**

Incomplete applications will not be processed. Please complete this form in blue or black ink.

**Student Information**

Date: \_\_\_\_\_ Student ID No.: \_\_\_\_\_  
MM/DD/YY

Legal Name: \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

Gender:  Male  Female

Birth Date: \_\_\_\_\_  
MM/DD/YY

Mailing Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Ethnicity/Race Information**

Federal law requires that the college gather the following information regarding the ethnicity and race of its students. The law only requires educational institutions to report aggregate totals for each category. Therefore, CF will never report information on individuals. We will keep your individual information strictly confidential. This information is for statistical purposes only and will not be used in the admission decision.

Are you Hispanic or Latino?  Yes  No

Please select one or more races that apply to you:  
 American Indian or Alaska Native  Asian  Black or African-American  
 Native Hawaiian or Other Pacific Islander  White

**Student's Current Enrollment**

Name of School: \_\_\_\_\_ School Code No.: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Anticipated High School Graduation Date: \_\_\_\_\_  
MM/YY

Has student ever been retained in a grade?  Yes  No If so, what grade? \_\_\_\_\_

Is student in a dropout prevention program?  Yes  No If so, name of program: \_\_\_\_\_

Expected Career Goal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CAP Participation Requirements (parent or legal guardian and student must initial each item):**

Parent or legal guardian and student **must** attend CAP orientation, College of Central Florida Hampton Center, 1501 W. Silver Springs Blvd., Ocala.

Parent or legal guardian and student **must** set educational goals.

Student **must** demonstrate satisfactory academic progress toward educational goals measured by an increase in grade point average and enrollment in rigorous coursework.

Parent or legal guardian agrees to attend CAP educational meetings and seminars.

Parent or legal guardian agrees to meet annually with the student's guidance counselor.

Parent or legal guardian and student agree to meet annually with the CAP outreach specialist.

Parent or legal guardian agrees to notify CAP office in advance of change in address, telephone numbers or email address.

Parent or legal guardian agrees to student participation in CAP sponsored classes, seminars or other recommended activities as deemed necessary by CAP staff.

Parent or legal guardian agrees to notify the CAP office in advance if student cannot attend scheduled classes, seminars or other recommended activities.

Parent or legal guardian and student understand that noncompliance with participation requirements could result in student being dismissed from program.

**Household information and parent's education sections must be completed and are required to determine CAP eligibility.**

**Household Information (Only include information about individuals living within household.)**

Parent(s)/Guardian Name: \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Family Size: \_\_\_\_\_ Annual Family Income: \_\_\_\_\_

Total number of children attending school:  
Elementary: \_\_\_\_\_ Middle: \_\_\_\_\_ High School: \_\_\_\_\_ Postsecondary: \_\_\_\_\_

Please check all that apply:

- AFDC/Wages  Public Assistance  Free Lunch  Reduced Lunch

**Parent's Educational Information**

**Father's Education**

- No High School Diploma  High School Diploma  Associate Degree  
 Baccalaureate Degree  Master's Degree  Doctorate/Professional Degree  Not Sure

**Mother's Education**

- No High School Diploma  High School Diploma  Associate Degree  
 Baccalaureate Degree  Master's Degree  Doctorate/Professional Degree  Not Sure

I, \_\_\_\_\_, authorize College of Central Florida Collegiate Advancement Program to  
Parent or Legal Guardian Name  
secure necessary records, report cards and student information for \_\_\_\_\_  
Student Name  
pertaining to his/her academic progress from the Marion County School Board and

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Student Signature Date: MM/DD/YY

\_\_\_\_\_  
Parent/Legal Guardian Signature Date: MM/DD/YY

**Required Documents (please attach a copy of the required documents):**

- 2011 report card (grades 6-9)  Unofficial transcript (grades 10-12)  
 2011 FCAT report (grades 6-11)

**For Office use only.**

Student ID No.: \_\_\_\_\_ Required Documents: \_\_\_\_\_

GPA: \_\_\_\_\_ Free/Reduced Lunch: \_\_\_\_\_

Accepted  Denied  Notified Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_



## INDIVIDUAL CONSENT AND RELEASE

Event or topic: CAP Activities Date: 1/19/12 -6/30/12  
MM/DD/YY

Printed work "Exhibit A" or electronic media: All videos and photos

I hereby authorize College of Central Florida, its District Board of Trustees and its employees (CF) to edit, reproduce, display, distribute, exhibit, or otherwise use the work or photographs provided, represented here as a facsimile attached hereto as "Exhibit A" (and hereinafter referred to as "Exhibit A") without remuneration to me in whole or in part, for educational, instructional, promotional, public relations and advertising purposes in any manner, format or media, throughout the world, in perpetuity.

For these purposes and for "Exhibit A," I waive and relinquish any personal rights and privacy rights, and said "Exhibit A" shall become the sole property of CF and may be copyrighted in its own name or a name of its choosing.

I also release CF from any and all claims for libel, slander, invasion of privacy or other claims based on CF's use of "Exhibit A," and agree to hold CF harmless from any and all claims by the Third Parties, including any claim based on allegation of copyright infringement from CF's use of "Exhibit A."

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Date: MM/DD/YY

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Email or Telephone No.:

### Consent for a Minor

I represent that I am the parent or guardian of the above-named minor and have authority to execute the release above. I hereby consent to the foregoing on behalf of the above named minor.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date: MM/DD/YY

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date: MM/DD/YY