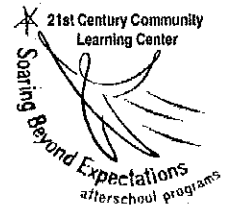


Application for Admission

Camden County College

21st Century SCHOLARS Program



DIVISION OF SCHOOL AND COMMUNITY ACADEMIC PROGRAMS
P.O. Box 200, College Drive
CON #351
Blackwood, NJ 08012
(856) 227-7200, Ext. 4530

\* Required Fields

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

\*Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: M/F \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\*Current Grade Level: (9) Freshman \_\_\_\_\_ (10) Sophomore \_\_\_\_\_ (11) Junior \_\_\_\_\_ (12) Senior \_\_\_\_\_ Special Needs: \_\_\_YES \_\_\_NO

\*Is English your first language? \_\_\_YES \_\_\_NO What is the language spoken in your home? \_\_\_\_\_

PARENT/LEGAL GUARDIAN INFORMATION (All information is confidential)

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

\*Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* Emergency Phone: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

SCHOOL RECORDS RELEASE OF INFORMATION:

I, the undersigned, give permission for the 21st Century Scholars Administration and Evaluators to examine and review for educational purposes copies of any/all records maintained by the high school that pertain to me. This includes but is not limited to, transcripts, test scores, evaluations, recommendations, schedules, disciplinary records and free/reduced lunch information.

Granting this permission will assist the 21st Century Scholars program in achieving student goals and objectives. This permission is granted for as long as the 21st Century Scholars program operates through Camden County College and is not dependent upon my being a student at Camden County College.

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

\*Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_