

## **Early College High School Application**

For office use only:	
Student ID#	

Year Entering		Summer		
High School	-			
Highest Grade Level Completed: □ 8 <sup>th</sup> □ 9 <sup>th</sup> □ 10 <sup>th</sup> □ 11 <sup>th</sup> □ 12 <sup>th</sup>				
Anticipated High School Grad	duation Date:			
College Liaison				
Program:				
Name				
Name First	Middle	Last		
SS#	DOB:	Sex: <u> Male Female Other</u>		
Mailing Address				
City	State Zip Code .	Phone		
Ethnicity (Are you Hispanic or Latino		□ Pacific Islander □ Other		
student educational records withou	ut the student's written conse	s the access and release of post-secondary nt. By signing this form, the student allows , and/or grandparents, and/or spouses, and/o		
I, Community College to release acad	(print or type full name), the un emic and student conduct reco	dersigned, hereby authorize Beaufort County ords to the designated individual(s) below.		
Student (Sign here)		Date		
Designated Individual(s):				
Name				
Address				
Phone				
		ian □Other		
□ I DO NOT WISH TO DESIGNATE				

Revised 11/15/23



	Student Name
I give permission for the Personnel at Beaufort County Coattendance, academic progress, test scores, class grade school listed below. This release will remain in effect until	es, disciplinary issues and final transcript to the high
Student's Signature	Date
As Principal of	
Principal or his/her Designee Signature	Date
College Liaison's Signature	Date

Note: This application and other required documents must be submitted on or before the first day of the semester in order for the student to be eligible to participate in any BCCC coursework during that semester, even if the specific courses do not start until later in the semester.