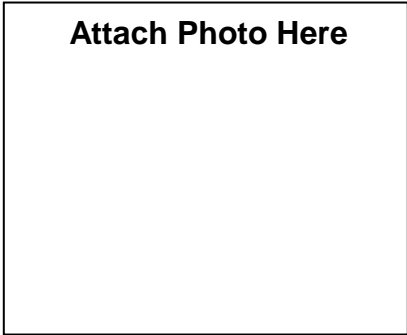




POLK STATE  
Chain of Lakes  
Collegiate High School

**Student's**

Name: \_\_\_\_\_  
PCSB ID #: \_\_\_\_\_  
Polk State ID # \_\_\_\_\_



APPLICATION FOR ADMISSION  
2017-2018 SCHOOL YEAR

Polk State College – Winter Haven  
Chain of Lakes Collegiate High School

Thank you for your interest in the Chain of Lakes Collegiate High School on the Polk State Winter Haven campus. This packet contains the application forms for Chain of Lakes Collegiate HS (COL) only.

Please read each page carefully and complete all information as appropriate. Be sure that all required signatures are completed. If you have questions or need additional information, please consult our website at [www.polk.edu/col](http://www.polk.edu/col) or call 863-298-6800.

**Application deadline for lottery admission is February 28, 2017**

**Application Checklist / School Selection Form**

The items listed below comprise the full COL Collegiate High School Application. All items are required for eligibility for admission to the school, regardless of the student's program. In order to receive consideration in the application process, **all components listed must be completed and received by the established deadlines.** (To be considered for Lottery Admission – deadline February 28, 2017). Submit the following forms, *complete with appropriate signatures*, to the COL Office –Winter Haven Campus:

- Application/Data Entry Form For COL Collegiate High School
- Students Social Security Number Verification Form
- Report of Previous Expulsions, Arrests, Juvenile Justices Actions
- Participation Agreement
- CPT or PERT test score report (Scores due February 28 to be considered for lottery admission.)
- Official Transcript (if not currently enrolled in a Polk County Public School) including classes in progress

Submitted by: \_\_\_\_\_

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

Received by: \_\_\_\_\_

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

Polk State College is an equal access/equal opportunity institution committed to excellence through diversity in education and employment. The College complies with all state and federal laws granting rights to students, employees, and applicants for employment or admission to the College. The College prohibits unlawful discrimination on the basis of race, color, national origin, creed, ethnicity, sex, age, religion, sexual orientation, marital status, veteran status, genetic information or disability in any of its employment policies or practices, educational programs, or activities. For questions or concerns, please contact: Valparisa Baker, Director, Equity & Diversity (Title IX Coordinator) | 999 Avenue H NE | Winter Haven, FL 33881 | Office: WAD 227 | 863.292.3602 Ext. 5378 | [vbaker@polk.edu](mailto:vbaker@polk.edu)

# POLK STATE COLLEGIATE CHARTER HIGH SCHOOL

## Collegiate Program Contact Information

### Gateway Collegiate and Lakeland Collegiate High School

Office Location: LAC 1100  
Office Phone: 863-669-2322  
Office Fax: 863-669-2944  
Polk State Campus: Lakeland  
Mailing Address: 3425 Winter Lake Road  
Mail Station #63  
Lakeland, FL 33803

### Chain of Lakes Collegiate High School

Office Location: WCL Building  
Office Phone: 863-298-6800  
Office Fax: 863-298-6801  
Polk State Campus: Winter Haven  
Mailing Address: 999 Avenue H NE  
Mail Station #24  
Winter Haven, FL 33881

**Applicants should be mindful of the separate applications and deadlines.**

### **Application Steps for Polk State Chain of Lakes Collegiate H.S.**

1. Attend an information session/application workshop, if possible. Workshop attendance is not required; however, it is strongly encouraged. Application packets will be distributed. An overview of the school mission, programs and services will also be provided. Call office (863-298-6800) or check the website, [www.polk.edu/col](http://www.polk.edu/col) for dates and times of the sessions. Obtain a COL Collegiate High School application.
  - Pick up an application packet at the COL Collegiate High School office.
  - Request an application be mailed to you by calling the COL High School office.
  - Download an application from the website [www.polk.edu/col](http://www.polk.edu/col)
2. Completed applications should be accompanied by an official transcript, if the student is not currently enrolled in a Polk County Public School.
3. Submit the completed application to the COL Collegiate High School office. Applications received by 3:30 pm on **February 28, 2017** will be assigned a lottery admission number.
4. Take the Postsecondary Education Readiness Test (PERT) and hand carry or fax score report to the COL Collegiate High School office. See above Contact Information. ACT or SAT scores may also be submitted.

Each applicant is required to take the PERT, regardless of program choice. The test is an untimed assessment taken on the computer. The applicant will receive a score report upon completion of the test. It is the applicant's responsibility to deliver the score report to the COL Collegiate High School office either in person or by fax. Most students finish within a 90 minute timeframe. The test may be taken Monday – Saturday during the hours the TLCC is open on either campus. However, a "Testing Ticket" is required and must be obtained from the COL office or Polk State Student Services office. The COL office is open Monday – Friday, 7AM until 3:30PM. **Applicants must fill out a Polk State Pre-Admission Information form in order to obtain a Testing Ticket. The applicant should know their Social Security number, if applicable and have a photo ID. The applicant will need to bring a photo ID to the test location, as well.** All testing supplies are furnished. Calculators are NOT permitted. Students taking the PERT at the Chain of Lakes building during pre-assigned testing times do not require a testing ticket.

**NOTE:** An application is complete only if ALL application documents, with all appropriate signatures and placement test scores have been received by COL Collegiate High School office. It is the responsibility of the applicant to ensure completion of the application.

**Application/Data Entry Form For COL Collegiate High School (please print)**

PCSB Student ID# \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Grade \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth(City) \_\_\_\_\_ (State) \_\_\_\_\_

Ethnic Origin: ( ) White/non-Hispanic ( ) Black/non-Hispanic ( ) Hispanic  
 ( ) Asian/Pacific Islander ( ) American Indian/Alaskan Native ( ) Other (Please List) \_\_\_\_\_  
 Student

Student E-Mail \_\_\_\_\_ @ \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street City Zip

Mailing Address (if different) \_\_\_\_\_  
 Street/PO Box City Zip

Current School \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 School Name City

Has student been enrolled in any special education programs at previous school or schools?  
 (Examples: EMH, Gifted, Speech, SLD, etc.) ( ) YES ( ) NO Program: \_\_\_\_\_

Has student ever been dual enrolled at Polk State before? ( ) YES ( ) NO

Has any sibling ever attended COL Collegiate High School? ( ) YES ( ) NO Name: \_\_\_\_\_

Student lives with: ( ) Both Parents ( ) Father ( ) Mother ( ) Stepfather ( ) Stepmother or

( ) Guardian: \_\_\_\_\_  
 Name Address Telephone#

**FATHER** ( ) Natural ( ) Stepfather

**MOTHER** ( ) Natural ( ) Stepmother

Name \_\_\_\_\_  
 First Middle Last

Name \_\_\_\_\_  
 First Middle Last

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone # \_\_\_\_\_

Business Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Parent email \_\_\_\_\_

Parent email \_\_\_\_\_

Choose the program of study most interested in pursuing and darken the correct square.

- Associate of Arts Degree (A.A. degree)
- Associate of Arts Degree with Health Science concentration
- Associate of Science Degree (A.S. degree)
- Pre-teaching Academy

**POLK STATE  
COLLEGIATE CHARTER HIGH SCHOOL**

**STUDENT SOCIAL SECURITY NUMBER**

Schools are required by law to request that each student provide his/her social security number. Failure to provide the number will not be cause for denial of admission or graduation. Please include verification copy with completed application.

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**VERIFICATION OF ABOVE INFORMATION**

The student's social security number must be verified by one of the following methods.

1. The social security number card or copy was presented to a school official.

_____ School Official	_____ Date
--------------------------	---------------

2. Bank statements, insurance records or other similar documents containing the student's social security number presented to a school official.

_____ School Official	_____ Date
--------------------------	---------------

3. The parent/guardian verifies the social security number.

I hereby attest that the social security number I have provided for the above named student is accurate.

_____ Signature of Parent/Guardian	_____ Date
---------------------------------------	---------------

**DECLINATION**

I refuse to provide the social security number for the above named student and understand a separate identification number will be assigned to the student for record keeping purposes.

_____ Signature of Parent/Guardian	_____ Date
---------------------------------------	---------------

**POLK STATE  
COLLEGIATE CHARTER HIGH SCHOOL**

**REPORT OF PREVIOUS EXPULSIONS, ARRESTS, JUVENILE JUSTICE ACTION  
ACKNOWLEDGEMENT OF DISRUPTIVE OR CRIMINAL BEHAVIOR**

According to S.232.0205, FS, students are required, at the initial time of registration for school, to report any previous school expulsions, arrests which resulted in a charge, or any juvenile justice actions taken against the student.

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

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

1. Has the student been expelled from a school?

Yes       No

2. Has the student ever been arrested and charged?

Yes       No

3. Has the student ever been placed under Community Service or had any other Juvenile Justice actions taken against him/her?

Yes       No

If the answer to question 1, 2, and 3 is NO, please sign on the line below.

If the answer to any one of the above questions is YES, please state below the specifics of the incident, including dates, crime or cause of expulsion, and outcome (i.e. length of expulsion or program, community service, and cause and conditions of community control).

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

I attest that the information provided is true.

\_\_\_\_\_

Student Signature

Date

I hereby give my permission to the Department of Juvenile Justice to release all records regarding my child's involvement with the Department of Juvenile Justice to a Polk State College Collegiate High School.

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

**FOR OFFICE USE ONLY**

**ACKNOWLEDGEMENT OF ABOVE INFORMATION TO CLASSROOM TEACHER**

\_\_\_\_\_  
Teacher Signature

Date

\_\_\_\_\_  
Teacher Signature

Date

# POLK STATE COL COLLEGIATE CHARTER HIGH SCHOOL

## PARTICIPATION AGREEMENT

The Chain of Lakes Collegiate High School exists for the purpose of educating students in a rigorous academic environment. We are pleased that you have made this academic choice and encourage your participation to the fullest in this educational experience. To assure understanding of policies and procedures regarding conduct, curriculum, and communication you are asked to read the following and indicate your understanding and acceptance.

*My signature below indicates that I acknowledge, understand and accept the following:*

1. I understand that as a student at COL Collegiate Charter High School program (Dual Enrollment Collegiate or Pre-collegiate) I will be enrolled for some or all of my classes in college credit courses and that the depth, breadth, rigor and pace of these courses will be at the college level.
2. I understand that COL students in college level courses are subject to the same standards, policies, and responsibilities as other college students unless otherwise restricted by federal, state or local requirements.
3. I understand that curriculum content, evaluation, and selection of appropriate instructional materials are the prerogative of the college instructor and will not differ for dually enrolled COL students from that presented for traditional college students.
4. I understand that Polk State College is an open campus and that I will be attending classes with non-high school aged students and that I may encounter students of a variety of ages and backgrounds while on the Polk State College campus.
5. I understand that the appropriate Collegiate High School Principal, Assistant Principal or Guidance Counselor is the first point of contact for parents who wish to discuss academic progress in a course, schedule a conference, or request information about school or classroom activities.
6. I understand that attendance at August orientation is required for each new student, and that attendance at an August orientation session is required for the parent(s)/guardian of each new student.
7. I agree to treat fellow students, faculty and staff with respect.
8. I understand that, if selected for admission to a Collegiate Charter High School, I must agree to abide by all Polk State College /COL policies and procedures, including but not limited to the Student Code of Conduct, Student Progression Plan, attendance policies and discipline policies described in the Polk County School Board Code of Conduct, and regulations described in the Polk State College Handbook and Collegiate High School Policy Manual.
9. I understand that completion of high school graduation requirements does not guarantee completion of an AS or AA degree. To receive an AS or AA degree I understand that a student must meet all program requirements identified in the Polk State College Catalog at the time of the student's initial admission.
10. I understand that I will be expected to sign and abide by an agreement outlining my responsibility for all instructional materials, textbooks, and equipment issued to me.
11. I agree to attend school regularly (see that my child attends regularly) and understand that I must be present for scheduled classes if I intend to be successful in this rigorous environment.

---

Print Name of Parent

---

Parent Signature

---

Date

---

Print Name of Student

---

Student Signature

---

Date