

STUDENT DUAL ENROLLMENT APPLICATION FORM

(Please print clearly)

109 N.E. 8th Street, Homestead, FL 33030

Name of Student: _____

Current School: _____ Current Grade: _____

M-DCPS Student Number: _____ Date of Birth: _____

Home Address: _____ Apt. # _____

City _____ Zip Code _____ Home Phone _____

Parent/Guardian Name _____ Relationship to Student _____

Work/Cell Phone # _____ Parent/Guardian email _____

Note: If you attended last year or currently attend a private school or an out-of-county school, please provide a sealed official transcript and report cards from previous and present year.

Directions: Place a number 1 thru 4 next to the Academy in which you are interested, 1 as your first choice. Listed under the Academy are programs of study (career pathways) Checkmark **One** program/pathway of your choice. Final course pathway offering is dependent upon program enrollment limits.

_____ **Trade & Industry**

_____ Heating, Ventilation, Air Conditioning/Refrigeration 1

_____ Residential Electrician

_____ Automotive General Service Technician

_____ **Health Science**

_____ Patient Care Assistant

_____ Medical Assisting

_____ Pharmacy Technician

Counselor's Recommendation Name

SDTC Representative Name

Counselor's Recommendation Signature

SDTC Representative Signature

Please see our website at www.southdadetec.edu for eligibility requirements under admissions.
I understand that this application does not guarantee admission and that I will be advised of the acceptance by my counselor.

Students Signature

Parent Signature

APPLICATION DEADLINE: August 30, 2024



**SOUTH DADE
TECHNICAL
COLLEGE**

