



**APPLICATION FOR HIGH SCHOOL STUDENTS**

(732) 255.0304 • 1.877.OCC.FIRST • (732) 255.0424 TTY  
Admissions & Records Office  
Ocean County College  
PO Box 2001 • College Drive  
Toms River, New Jersey 08754  
www.ocean.edu

**DIRECTIONS:** Any high school junior or senior who wishes to enroll as a PART-TIME STUDENT for either a fall or spring semester or any high school student who has completed his/her sophomore year and wants to enroll for a summer session must complete this form. **A new "High School Application" must be completed EACH semester a high school student attends Ocean County College.** This form must be signed by either the student's High School Principal or Guidance Counselor and also serves as a "release of information" to high school officials. (NOTE: Student must complete a regular APPLICATION FOR ADMISSIONS for full-/part-time enrollment following graduation.)

*Please type or print clearly in ink.*

Social Security Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ ID Number (if known) \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Suffix Malden

Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip County

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender:  Male  Female  
Month Day Year

High School \_\_\_\_\_ Expected Date of High School Graduation \_\_\_\_\_

Citizenship:  U.S.  Resident Alien (valid Green Card required)  Non-Resident Alien

\_\_\_\_\_ Certification of Residence verified by Director of Guidance of high school for current academic year: \_\_\_\_\_

\_\_\_\_\_  
Director of Guidance High School Date

Ethnic Group (Data used for preparation of Federal Reports. We ask that you please respond.)  
01 \_\_\_ African American      04 \_\_\_ Hispanic (other than 06-09)      07 \_\_\_ Puerto Rican  
02 \_\_\_ American Indian or Alaskan Native      05 \_\_\_ White, non-Hispanic      08 \_\_\_ Cuban  
03 \_\_\_ Asian or Pacific Islander      06 \_\_\_ Mexican      09 \_\_\_ Central or South American

Starting Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Other \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ High School **Senior** \_\_\_\_\_ High School **Junior**

Would you like to receive information on:

- Disability Resource Center (DRC)
- Educational Opportunity Fund (EOF)
- Health Services (College Nurse – HLTH)
- Project Academic Skills Support (PASS)
- Tech Prep Program (TP)

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If admitted, I agree to abide by the policies of Ocean County College.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

TO PARENT/GUARDIAN OF APPLICANTS UNDER 18 YEARS OF AGE:

I hereby agree to be responsible for all tuition and fees due Ocean County College for the enrollment of my dependent.

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

\_\_\_\_\_ Date

**NOTE: Enrollment in English or math courses requires appropriate SAT or HSPA scores. Upper level math courses additionally require the College Level Math Test.**

COURSE SELECTION				
COURSE NUMBER	SECTION	COURSE TITLE	DAYS/TIMES	SEMESTER HOURS

**TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR:**

This student is in good standing at \_\_\_\_\_ High School and is recommended to attend the \_\_\_\_\_ / \_\_\_\_\_ semester/year at Ocean County College.

*Please check one of the following:*

\_\_\_\_\_ **This student is required to take the courses listed above.**

\_\_\_\_\_ **I authorize the student to select his/her courses.**

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Date



Assistance Available Upon Request

Ocean County College prohibits discrimination on the basis of race, color, creed, sex, national origin, age, religion, veteran's status, marital status or disability. This institution complies with the provision of Section 504 of the "Rehabilitation Act of 1973."