



BRUNSWICK COMMUNITY COLLEGE

Adult High School / High School Equivalency Student Application

To be completed by **STUDENT**

Please answer the following questions *completely and legibly.*

Date of application _____ / _____ / _____

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Telephone: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Age: _____ Married Yes / No Email Address: _____

Employer: _____ Work Number: _____ - _____ - _____

I am planning to attend (circle one of each): AHS or HSE Day or Evening Classroom or Virtual

Last grade completed: _____ Last School Attended: _____

Date last attended school _____ / _____ / _____ What year were you to graduate? _____

Why do you want to attend our program? _____

Emergency Contact: _____ Phone Number: _____

Relationship to Student: _____

I have not been suspended or expelled from any institution of higher education.

I have been suspended or expelled from _____

Academic

Disciplinary

All information I have supplied in this application is true to the best of my knowledge.

Signature: _____ Date: _____

For minors only: By supplying the following information, I agree to the release of information related to my participation in the GEAR program to my parent or guardian.

Parent Name: _____ Parent Name: _____

Parent Phone Number: _____ Parent Phone Number: _____

Parent Email Address: _____ Parent Email Address: _____

GEAR “Gateway to Employment & Academic Readiness”