

**EastArk Secondary Career Center (ESCC)**  
**ENROLLMENT FORM**

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Parent(s) / Guardian(s) Name \_\_\_\_\_

**In Case of Emergency, contact:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Emergency Contact Phone#: \_\_\_\_\_

Semester Enrolling: \_\_\_ Fall 20\_\_\_ \_\_\_ Spring 20\_\_\_

High School Attending: \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12

GPA \_\_\_\_\_ Attendance: Number of days missed within the past year. \_\_\_\_\_

Student has had major behavior incident(s) / issue(s) within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

**Program of Study (Check One):**

\_\_\_ **Automotive Service Technology**      \_\_\_ **Diesel Service Technology**      \_\_\_ **Industrial Service Technology**  
 \_\_\_ **Medical Professions**      \_\_\_ **Refrigeration & Heat Exchange Technology**      \_\_\_ **Welding Technology**

\_\_\_\_\_  
 Student's Signature\* Date

\_\_\_\_\_  
 Parent's/Guardian's Signature\* Date

The above student has notified the school of concurrent enrollment and has proof of immunization record and education/career plan on file with the school district.

\_\_\_\_\_  
 Principal's Signature Date

*\*Signature indicates approval to transfer the student's grade report from EACC Registrar's Office to the high school.*

**Concurrent credit is subject to school district policy/approval.**

For ESCC Office use only:  
 Date Entered \_\_\_\_\_ Initials \_\_\_\_\_  
  
 SI# \_\_\_\_\_

**EastArk Secondary Career Center Office**

**Release of Information Form**

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

I, \_\_\_\_\_, give my permission to the ESCC Office to discuss attendance, performance, class activities and / or other information with the following individuals at

\_\_\_\_\_ High School:

- Guidance Counselor
- Principal / Administrator
- Records Keeper / Attendance Clerk

Please list any other individuals and their relationship to you below (Example – parents, guardian, grandparents):

<b>Name</b>	<b>Relationship</b>
_____	_____
_____	_____
_____	_____
_____	_____

Student Signature: \_\_\_\_\_

## **EastArk Secondary Career Center**

A student admitted under EastArk Secondary Career Center (ESCC) “concurrent enrollment” admission is one who is currently enrolled in high school, grades 10 -12, and enrolling for classes under a specified program of study. Student must contact high school counselor for participating in the ESCC. Students must have a 2.0 GPA or better and no discipline problems in order to enroll in an ESCC available, approved program of study through the Arkansas Department of Career Education.

The following documents must be submitted to ESCC:

1. A completed Application for Admission (High School/ Concurrent Application) at [www.eacc.edu](http://www.eacc.edu)
2. A completed and signed ESCC Enrollment Form (**must be submitted at beginning of first year**).
3. A completed “Release of Information” Form (**must be completed by the student**)
4. A copy of current high school transcript (**must be submitted to be officially enrolled**)
5. A copy of shot records (**must be submitted to be officially enrolled**)

### **For More Information, Please Contact:**

**Christine D. Williams, ESCC Coordinator**

EastArk Secondary Career Center  
Learning Resource Center, Room B122  
(870)633-4480 ext. 284  
[cdwilliams@eacc.edu](mailto:cdwilliams@eacc.edu)

**Gayla Stidham, Administrative Assistant**

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[www.eacc.edu/eastark](http://www.eacc.edu/eastark)