MCAS Pathways Applicant Form

**SASID #: ____________________________**

Name: ____________________________________________________________________________________________________

(Last Name) (First Name) (Middle Name)

High School: ____________________________   Guidance Counselor: ____________________________________________

High School Telephone: ______-____-______   DOB: __________________________   Sex: □ Male □ Female

Year of Graduation: _______________   Email Address: _______________________________________________

Social Security Number: ______-____-______   Home Phone: ______-____-______   Cell Phone: ______-____-______

Home Address: __________________________________________________________

(Street) (City)

Ethnicity: ______ Asian/Pacific Islander    ______ Black/African-American    ______ Hispanic/Latino

________ White/Caucasian    ______ Native American/    ______ Other: ______________________

Alaskan Native

MCAS INFORMATION SECTION

MCAS Scores: Math: ___________ English: ___________ Science: ___________

Last time taken test (month/year): _________________   Where: ____________________________________________

Have you registered for the next test? ____Yes ____No   If yes, where? ______________________________________

PHOTO/PRINT RELEASE

MCAS Pathways frequently uses pictures, videotapes and audio recording of students in the program for publication in articles that may appear in local newspapers or other publications. I, the student or parent/guardian, give permission for MCAS Pathways to use pictures, videotapes or audio recordings of the above named student. If I do not wish for MCAS Pathways to use pictures, videotapes or audio recordings of the above named student, I will submit written notification to the program and attach it to this application. This consent will remain in effect until its written revocation is received by an Access & Transition Division staff person or is mailed to the Access & Transition Division office at MWCC, 444 Green Street, Gardner, MA. 01440.

Signature of parent or guardian: _____________________________________________________________________ Date: ________________

Signature of Student: ______________________________________________________________________________ Date: ________________

SIGNATURES

Parent or Guardian: I hereby give permission for my student to fill out the MCAS Pathways application at Mount Wachusett Community College. I also give my child permission to enroll in the program should s/he be accepted. I understand that Mount Wachusett Community College can provide no greater security for high school students than for any other student. I also give permission for my child's high school to release MCAS scores and any information deemed necessary by MWCC to the program manager.

Signature of parent or guardian: _____________________________________________________________________ Date: ________________

Student: If accepted to MCAS Pathways at Mount Wachusett Community College, I agree to accept the regulations and requirements of the college and will cooperate with the students, faculty, and administration in the maintenance of high standards and appropriate conduct. I also understand that my MCAS records will be accessed from my high school. I certify that all information stated on this application is accurate and complete. Concealment of facts or false statements may result in dismissal.

Signature of Student: ______________________________________________________________________________ Date: ________________

If you have a disability and may require accommodations in order to participate fully in the program activities, please contact the admissions office to discuss your specific needs.

Mount Wachusett Community College is an affirmative action/equal opportunity educational institution, and does not discriminate on the basis of race, creed, religion, color, gender, sexual orientation, age, disability, veteran status, or national origin. In compliance with the Clery Act (20 U.S.C. 1992(a) and (f)), all prospective students are entitled to review the MWCC Annual Security Report. This report may be accessed online at www.mwcc.mass.edu or by request through the office of Admissions.