

STUDENT INFORMATION

Student's Name: _____
Last First Middle Initial

Social Security Number or SASID: _____ Date of Birth: _____ Gender: Male
(All digits) mm/dd/yyyy Female
Other/Non-Binary

Address: _____
Number, Street, Apt/Unit #

City, State, Zip Code Personal Email: _____

Phone Number: _____ Current High School: _____

Current Grade: _____ Estimated Year of Graduation: _____ Do you plan to attend college? Yes
No
Unsure

Please select one or more of the following races that best describe you:

- American Indian or Alaskan Native Asian Black or African American Other
 Cape Verdean Native Hawaiian/Other Pacific Islander White

Are you Hispanic or Latino? Yes No

What is your native language? _____ What language are your most comfortable using? _____

What is the language you speak at home? _____

Students who meet eligibility guidelines will receive free tuition paid for by Boston Public Schools (BPS). There is no cost to students and families. Students are introduced to college-level work and a college community experience. Students can earn course credit that is transferable to many public and state colleges in Massachusetts.

Signature of Student: _____ Date: _____

RECOMMENDATION OF HIGH SCHOOL:

I certify that the student meets both grade and English Language Development (ELD) Level requirements and is eligible to participate in Roxbury Community College's Early College Pilot program.

Student participates in free or reduced lunch program Yes No

State Assigned Student Identifier #
(REQUIRED)

School Counselor/Principal Name (Printed): _____

Signature of Certifying High School Official (School Counselor or Principal): _____

PARENT/GUARDIAN INFORMATION:

Name: _____

Phone Number: _____

Do you have a bachelor's degree or higher? Yes No

I give permission for my child, named above, to attend college-level classes at Roxbury Community College. I authorize Roxbury Community College to release educational records to the High School. I also understand this program will be paid by Boston Public Schools (BPS)

Signature of Parent: _____ Date: _____

MASSACHUSETTS COMMUNITY COLLEGES- IN-STATE TUITION ELIGIBILITY FORM

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip Code _____

SSN# or Student I.D. Number: _____ Date of Birth: _____

Are you a US Citizen? Yes No Please state your immigration status in detail: _____

CERTIFICATION OF INFORMATION

I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (Applicant Under 18 Years of Age): _____ Date: _____