

Double Up Program Application Fall 2019

Please complete every question in this application, then print, sign, and turn it in to your designated high school counselor for processing prior to the published deadline for the semester. You will be notified whether or not you are accepted to the program. If accepted, you will be required to complete the AVC application, orientation, and registration process.

***Required** Your email address will be recorded when you submit this form.

1. Date completing this form *

Example: December 15, 2012

2. Your current grade level in high school *

Mark only one oval.

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior

3. Your full name (first, middle and last) *

4. Your high school ID number *

5. Your home high school site *

Mark only one oval.

- ☐ AAV
- ☐ AVHS
- ☐ DWHS
- ☐ EHS
- ☐ HHS
- ☐ KHS
- ☐ LHS
- ☐ LnHS
- ☐ PHS
- ☐ QHHS
- ☐ RRxPHS
- ☐ SOAR

6. What is your career goal? *

7. Why do you want to be in the Double Up program? *

8. What support services do you think you might need to be successful in the Double Up program (e.g., tutoring, time management skills, career advising, other)? *

9. Have you ever applied to AVC? *

Mark only one oval.

☐ Yes

☐ No

10. If you have previously applied to AVC, please provide your "900" number.

11. When, if ever, was the last term you attended AVC?

Acknowledgements and Agreements

Please sign and have your parent/guardian sign these sections to acknowledge your understanding and agreement to each of the terms in this application.

12. By signing this agreement, I understand that: 1) if accepted into the Double Up program, I will take responsibility for my education, and know that I will be taking classes that earn both high school and college credit for AVC and potentially other post-secondary institutions. 2) I hereby agree to allow Antelope Valley College to share any and all admissions, registration, and grade information with my high school. **Student Name, Student Signature and Date: ***

13. By signing this agreement, I understand that: 1) if my child is accepted into the Double Up program, I will take responsibility for their education, and know that they will be taking classes that earn both high school and college credit for AVC and potentially other post-secondary institutions. 2) The child is mature enough to handle the rigor and behavioral expectations of college students and college environments. 3) In accordance with California Education Code section 49061, students under the age of 18 who are enrolled in post-secondary institutions must grant permission to release education records to parents and legal guardians. 4) I have thoroughly reviewed and understand the contents of the orientation presentation for the Double Up program (provided separately). **Parent/Guardian Name, Parent/Guardian Signature and Date: ***

☐ Send me a copy of my responses.