



High School Student Admission Form

First Name _____ Middle _____ Last _____

Social Security Number _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail address _____

Sex: ___ Female ___ Male

Race: ___ White ___ African American ___ Native American ___ Hispanic ___ Asian American

Name of High School _____ Date of Graduation _____

Month/Year

Last Grade Completed _____

Are you employed? ___ yes ___ no Number of hours per week _____

Semester you intend to enroll in classes: Fall 200 Spring 200 Summer 200

What college or university do you plan to attend after graduation? _____

What major or program do you plan to study while attending college? _____

What courses would you like to take at
MCC? _____

Have you taken any of the following tests? ___ SAT ___ ACT ___ CTP ___ AP

Parent(s) or Guardian(s) Name(s)

Emergency Contact Information: Person to notify _____ Phone _____

Signature _____ Date _____

Return application to:
Connie McKinney
Mayland Community College
P.O. Box 547
Spruce Pine, NC 28777
Or
Fax to: 1-828-765-0728