JOHN WITHERSPOON
COLLEGE

APPLICATION FOR DUAL ENROLLMENT

Name (Full Legal) _____
Last First Middle

Preferred First Name _____ S.S. Number _____
Name Former Last Name (If Different From Current)

Permanent Address _____
Street City State/Zip

Home Phone ( ) _____ Mobile Phone ( ) _____ Work Phone ( ) _____

Email _____ Parents Names _____

Parent's Address _____

Parent's Phone Number _____ Parent's Email _____

As prescribed by the Department of Education and the National Center for Education Statistics, we are required to ask for demographic information including racial background. This information is not used in the admission process. Using the terminology of the NCES, please answer each of the following:

1. Are you Hispanic/Latino? O Yes O No

2. Respond Yes or No to each of the following groups:

a. American Indian/Alaskan Native O Yes O No
b. Asian O Yes O No
c. Black or African American O Yes O No
d. Hawaiian/Pacific Islander O Yes O No
e. White O Yes O No

U.S. Citizen: O Yes O No *If no,* are you a O Permanent Resident O Resident Alien O Non-resident Alien

Gender: O Male O Female Date of birth: _____

Place of Birth: _____

High School: : _____ G.P.A. _____ Class Rank _____

City _____ State _____ Zip _____ When will (or did) you graduate? _____
Month Year

High School Type: O Public O Private O Private Christian High School O Home School

Please submit the following documents:

High School Transcript
ACT/SAT/CLT Scores (*RCCS students not applicable*)

By signing and returning this application you have initiated the John Witherspoon College admissions process for dual enrollment.

_____
Applicant's Signature *Date* *Parent's Signature (if student is a minor)*

All application materials should be sent to:

Admissions Office
John Witherspoon College
4024 Sheridan Lake Road
Rapid City, South Dakota 57702