Dear Prospective Adult High School Student:

Thank you for your interest in the Adult High School at the Gloucester County Institute of Technology. Carefully read the instructions below for processing your application:

Courses: On line
Cost: $40/credit for Gloucester County residents
      $45/credit for Out-of-County residents
      $50/credit for senior completion students

Requirements for enrollment:

1. Fill out the attached forms. Please submit to Bryan Vahey, either by fax (856-468-3571) or email (bvahey@gcecnj.org). Please note your application will not be processed if any items are missing.
   - Your completed application
   - Your official high school transcript
   - Any standardized test scores (HSPA/PARCC/SAT, etc.)
   - A non-enrollment certificate (if under 21 years of age)

2. Once your application and required documents are received, you will be contacted by the Adult High School counselor and an appointment will be made.

Advantages of redesigned program:
- Students can work from home on-line
- Work schedule friendly
- Childcare not needed
- Earn diploma at your own pace
- Expanded course offerings
- Affordable
- Increase number of students earning a high school diploma
- You can view the list of on-line courses at:

If you have any questions about your application, or the application process, please call (856) 468-1445, extension 2162.

Respectfully,

Mr. James Dundee
Director/Principal
ADULT HIGH SCHOOL APPLICATION

Personal Information:  

Date: ____________________________

Name: ____________________________  Date of Birth: _____________  Age: _____________

Address: __________________________________________________________________________

Phone: ____________________________  E-mail Address: _______________________________

Name of Parent(s)/Guardian(s): __________________________________________________________

Emergency Contact: ____________________  Relationship: ________________________________

Male:    Female:    Married:    Separated:    Divorced:    Single: ________________________

Educational Background:

Last School Attended: ____________________________________________________________

Date Last Attended: ____________________________________________________________

Total credits obtained as of withdraw date: ______  What grade did you withdraw from high school: _____________

Were you involved with the Child Study Team/Special Education:    Yes    No

If so, what was your classification:     ED     SLD     MD     OHI     Other _________

Testing Information (official score reports required):

Did you take the HSPA:    Yes:____ No:____          Please provide scores: Math:_____    LAL:_____  

Did you take the PARCC:    Yes:____ No:____          Level of Math Test Taken: _______ Score: ____  

Level of ELA Test Taken: _______ Score: ____

I acknowledge that the information provided on this application is true and correct to the best of my knowledge. I understand and agree that falsification of information on this application could lead to dismissal from the Gloucester County Institute of Technology Adult High School program.

_____________________________________________    __________________________
Signature of Participant    Date

_____________________________________________    __________________________
Signature of Parent (if participant under 18 years of age)    Date

INTAKE COUNSELOR _______________________________    DATE OF INTAKE __________________________

Gloucester County Institute of Technology offers equal opportunity to qualified individuals regardless of race, creed, color, religion, ancestry, sex, age, affectual or sexual orientation, marital status, gender, national origin, socioeconomic status, disability or veteran’s status.
CERTIFICATION OF NON-ENROLLMENT IN SCHOOL
FOR 16 TO 21 YEAR OLDS

THIS FORM MUST BE COMPLETED AND PRESENTED AT THE TIME OF REGISTRATION IN AN ADULT EDUCATION PROGRAM

PART A: TO BE COMPLETED BY APPLICANT
(16 & 17 YEAR OLDS – PARENT/GUARDIAN MUST SIGN)

________________________________________  ______________________________________
Last Name                        First                        MI

________________________________________  ______________________________________
Social Security Number

________________________________________  ______________________________________
Number and Street                       City                       State                       Zip Code

Telephone #: (     ) _______________________  Birth Date: _______/______/______
                                                    Month       Day     Year

If any information is misrepresented on this form, the State of New Jersey reserves the right to invalidate any program and deny further access to any adult program options.

________________________________________  ______________________________________
Applicant’s Signature                        Date: _______________________

________________________________________  ______________________________________
Parent/Guardian’s Signature                  Date: _______________________
(for 16 & 17 year olds only)

PART B: TO BE COMPLETED BY SUPERINTENDENT OR HIGH SCHOOL PRINCIPAL IN THE PUBLIC SCHOOL DISTRICT OF RESIDENCE

I, the undersigned, do hereby certify that _________________________________ is not on school rolls in this district.

________________________________________  ______________________________________
Signature of Principal or Superintendent: __________________________________       Date: _______________________

Title: ______________________________________ Telephone #: (     ) ____________________

School District: ________________________________

Place Raised School Seal or Notary’s Signature Here

THIS FORM SHALL BE RETAINED AS PART OF STUDENT’S RECORD AT THE ADULT EDUCATION PROGRAM.