

Dear Community Advocate,

This is not a request for disenrollment from any school. The information provided will be used by the Pre College Program staff to determine whether or not a student is a good fit and is eligible to apply and register for any Pueblo Community College Pre-College Programs (GED or Gateway to College). Thank you.

This is to verify that the individual indicated on this form meets all of the eligibility requirements listed below for any Pueblo Community College Pre-College Programs.

| Stude | ent: Last Name | First Name | M.I. | // | |
|-----------------------|---|--|--------------------------------|-----------------------------|--|
| Addre | | riist Name | | Date of Biltir (min/dd/yy) | |
| | | Alternative Number: | | Age: | |
| Last School Attended: | | Estima | Estimated High School credits: | | |
| Parer | nt or Guardian Name: | | Phone Number: | | |
| All red | • | ecked for the individual to be guarantee admission. | eligible for Pre | -College <u>High School</u> | |
| | College. | ears of age <u>during the semester</u> g the semester in which they are | | | |
| | MUST be able to complete requirements to receive a high school diploma by their 21 st birthday for Gateway to College. MUST reside within partnering School Districts for Gateway to College. | | | | |
| | MUST have dropped out of high school or is in jeopardy of dropping out. | | | | |
| | MUST have a State ID, a Social Security Card | | | | |
| | MUST have a copy of i | mmunization records for Gatewa | ay to College. | | |
| Comn | nunity Advocate | | te | | |
| Title | | | ntact Number | | |

Pueblo Campus | 900 W. Orman Ave. AB250a | Pueblo, CO81004 | Ph.719.549.3096 | Fax.719.549.3133 | Fremont Campus | 51320 W. Hwy 50, Canon City, CO 81212 | Ph.719.296.6103 | Fax.719.269.8936