



Application must be submitted to the

Early College of Forsyth, 2100 Silas Creek Parkway, Winston-Salem, NC 27103

Application for Admission Early College of Forsyth

Student's Legal Name: _____ Student NCWISE#: _____

Date of Birth: _____ Social Security Number (required by the college): _____

Name of person with whom student lives: _____

Relationship of person with whom student lives: ☐ Mother & Father ☐ Mother ☐ Father

☐ Mother & Stepfather ☐ Father and Stepmother ☐ Guardian ☐ Other _____

Did your mother attend college? Y or N Degree ☐ none ☐ Associate's ☐ Bachelor's ☐ Masters

Did your father attend college? Y or N Degree ☐ none ☐ Associate's ☐ Bachelor's ☐ Masters

Home street address _____

City _____ Zip _____ Home Phone: _____

Mailing address (if different) _____

Parent/Guardian Email: _____

Mother's Cell Phone: _____ Work Phone _____

Father's Cell Phone: _____ Work Phone _____

School currently attending: _____

How have you dealt with any personal, social, or academic issues during your school experience? Be specific. _____

Please provide two required references. One reference should be from your School Counselor and one from a core teacher who you currently have. (Math, Science, Social Studies, or Language Arts) Please see attachment on the website for the recommendation forms.



Sign below if you agree to the following:

I, the undersigned student, am applying for acceptance with the Early College of Forsyth and agree to abide by the rules and expectations set by Forsyth Technical Community College and the Administrators, school counselor and teachers of the Early College program. I understand that Early College of Forsyth program will require commitment and effort for a minimum of one year. If at the end of any high school year I am unable or unwilling to continue studies at Forsyth Technical Community College through the Early College program, I will be reassigned to the high school in my attendance zone. I understand that Early College of Forsyth students must adhere to Forsyth Technical Community College and the high school's policies. By signing and submitting this application my parent(s)/legal guardian(s) and I understand the behavior or attendance problems will be sufficient cause to be withdrawn from Early College of Forsyth.

Student Signature: _____ Date: _____

- I/we understand that the commitment to Early College of Forsyth is for at least one full academic year.
- I/we understand that students must maintain high academic and behavior standards.
- I/we understand there are no athletic or ROTC programs at the Early College and only limited student/advisor formed clubs.
- I/we understand that if students want to compete in Athletics/Extra Curricular Activities that they may only do so at their residential school only.
- I/we understand that the Early College of Forsyth will operate on a modified Winston-Salem Forsyth County Schools/Forsyth Tech Calendar and there are days I/we must provide my own transportation.
- I/we understand that all Early College students are held to both the WSFCS and Forsyth Tech's Student Code of Conduct.

Parent(s)/Legal Guardian signature required to process:

Authorized Signature: _____ Date: _____

_____ Date: _____

For office use only:

Student is recommended for Early College of Forsyth ___Yes___ No Student is# ___on the waiting list for Early College of Forsyth.