



Application for Admission Summer Bridge Program

Admissions Office
600 West College Drive, Avon Park, FL 33825
Phone: 863-453-6661 Fax: 863-453-2365
www.southflorida.edu

South Florida State College pledges to provide equal access to education and employment opportunity to all regardless of race, color, religion, sex, national origin, age, disability, marital status, political affiliation and sexual orientation. The college adheres to federal and state laws that control equal access/equal opportunity.

Please type or print. Answer all questions/sections.

1. Have you previously attended SFSC? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Social Security Number	3. SFSC Student ID #
4. Legal Name _____ Last First Middle			
5. SFSC may release application information relative to my enrollment (as per the Family Education Rights and Privacy Act of 1974): <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Mailing Address _____ Street/P.O. Box _____ City, State, Zip Code, County _____		7. Phone/Email Home Phone _____ Cell Phone _____ eMail _____	
8. Physical Address (no PO Boxes) _____ Street/P.O. Box _____ City, State, Zip Code, County _____		9. Emergency Contact Information Name _____ Phone _____ Cell Phone _____ Relationship to the student _____	
The following information is required by the U.S. Department of Education under Title VI of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972 to be used for reporting purposes. This information is voluntary. It will not be used in determining admission to South Florida State College and is required at the time of registration.			
10. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	12. Date of Birth: MM / DD / YY		13. Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
11. Place of Birth: _____	15. Where you eligible for free/reduced lunch? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		16. Program Name and Code: <input type="checkbox"/> June 15-20 (Highlands Campus) <input type="checkbox"/> June 22-26 (Hardee Campus)
14. a. Ethnicity check one : <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino 14. b. Race check one or more: <input type="checkbox"/> American Indian or Alaska <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	17. Did either of your parents earn a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I agree to attend all five sessions of the Summer Bridge Program for the session I am approved. The Monday-Thursday sessions are 8:30-3:10 and Friday 8:30-6:30 for the field trip. I will provide my own daily transportation to the college. I further understand that if I do not attend all five sessions of the program, I may be financially responsible for repaying the \$150 program fee.			
Student Signature _____		Date _____	
Parent/Guardian Signature _____		Date _____	



CONSENT FOR FIELD TRIP

I do willingly execute this release in consideration of the educational benefits to be derived by me by my participation in a College-sponsored activity. I hereby release from liability and hold the College harmless from any and all claims and causes of action which might be brought by me or my parents or dependents for any claim, loss of property, personal injury or death, including court costs, attorney fees sustained by me arising out of any travel or activity conducted by or under the control of the College. It is understood that the College as used herein shall include the employees, administrators, agents and Board of Trustees of the College.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I/we hereby authorize the appointed representative of South Florida State College to obtain and authorize medical treatment as is necessary to protect the well-being of my child including authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary. Further, I / we do hereby release and agree to hold harmless South Florida State College and its representatives from any and all claims which may arise from said medical treatment

Organized Activity (One form is required for each different activity)			
Participant Name (Printed)			
Participant Signature			
Participant Contact Information			
E-mail			
Home Phone		Cell Phone	
Address			
Emergency Contact Information			
Name			
Relationship			
E-mail			
Home Phone		Cell Phone	
Address			

Date

Signature of Guardian