Contract For Service Application Gateway Technical College



Galeway Technical College				
I. STUDENT INFORMATION & GATEWAY COURSE INFORMATION (completed by student / parent)				
Student Name First, Middle, Last		Student's Birthdate Mo./Day/Yr.		Gender
				M ☐ F ☐ Other ☐
Parent/Guardian Name First, Last		Parent/Guardian Phone Area/No.		Parent/Guardian Email
Address Street, City, State, Zip, County				_
Student Phone Area/No.	Student Email			
High School Student Attends & Projected Graduation Year			School District in Which Student Resides	
High School Counselor			High School Counselor Email	
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Student High School GPA & ACT Test S		Grade Student Will be in When Taking These Courses		
Charlette (in application)			9 10 11 12	
Academic Year: 2020-2021 (Fall & Sprin	ng Semesters)	_		
		No. of College		
Gateway Technical College Course Name & Course Number		Credits	Semester & Dates/Times	
Intro to Industrial Controls 664-100		2cr	Fall 2020 M-TH 1:25pm-2:55pm	
Intro to Mechatronics 664-110		2cr	Fall 2020 M-TH 1:25pm-2:55pm	
Industrial Robot Oper. & Prog. 664-105		2cr	Spring 2021 M-TH 1:25pm-2:55pm	
Basic Industrial Internet of Things 664-120		2cr	Spring 2021 M-TH 1:25pm-2:55pm	
II. STUDENT & PARENT / GUARDIAN SIGNATURES (completed by student / parent)				
STUDENT SIGNATURE—IN SIGNING	•	•		
• I authorize the high school and technical college to share and release course and grade information. I authorize the high school district to submit registration and drop forms on my behalf. I may be required to reimburse the high school district for the full cost of the course(s) tuitions, fees, and				
materials if I fail or drop the course(s)	resulting in a failing grade.	_		, ,
 I understand that I must also meet all Gateway's admissions requirements & pre-reqs for each course. I must complete additional steps to enroll the actual course(s) at Gateway. 				
Student Signature Required			Date Signed Mo./Day/Yr.	
>				
PARENT/GUARDIAN SIGNATURE				
registration and drop forms on my sor	n's/daughter's behalf. I may	be required to reimburs	e the high schoo	thorize the high school district to submit of district for the full cost of the course(s)
tuitions, fees, and materials if my son or daughter fails or drops the course(s) resulting in a failing grade.				Data Cianad Ma (Day A)
Parent/Guardian Signature <i>Required</i>				Date Signed Mo./Day/Yr.
III. HIGH SCHOOL BOARD APPROVAL (this section completed by district ONLY if the student is approved)				
I authorize the above student is approved to take the courses listed above through 38.14 Contract. The high school district is NOT responsible to pay for the student's tuition, fees, and books for the above courses due to the sponsorship from the Gateway Foundation.				
Name of High School District Approval Authority				Phone Area/No.
High Cahaal District Approval Authority Circ - 1:				Data Signed May (Day) (Ar
High School District Approval Authority Signature				Date Signed Mo./Day/Yr.