



J. Sargeant Reynolds
Community College



For Office Use Only

Date _____

_____ Call/Notify review/TABE Date _____
_____ Review/TABE Card Mailed/Given
_____ Entered on DB _____

APPLICATION FOR ADMISSION SUMMER 2010

(Revised 9/24/2009)

Summer (May 2010 – August 2010)

Day Classes Only

First Name _____ **Middle** _____ **Last** _____

Address _____

City, State, Zip Code _____

Email address _____

Home phone number _____

Cell phone number _____

Name of an emergency contact _____

Emergency contact phone number _____

Date of birth: _____ **Age:** _____ **Gender:** ___ M ___ F **Race:** _____

**(A picture ID will be required for age verification – you must be between 18 and 24 and
not currently enrolled in high school)**

ADDITIONAL INFORMATION

Are you currently receiving or have you ever received care through the foster care system?

_____ Yes _____ No

Do you have children? _____ Yes _____ No

Please circle the year(s) in which your children were born:

**1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009
2010 (expecting)**

Do you have access to childcare? Yes No

Are you working with Social Services? Yes No

Social Security Number _____ - _____ - _____

TRANSPORTATION

How will you get to school every day? _____

Do you live on the bus line? Yes No

EMPLOYMENT

Are you currently employed? Yes No

If yes, where are you employed? _____

If you are not currently employed, have you been employed in the past?

Yes No

Are you looking for employment now? Yes No

If yes, are you looking for full or part-time employment?

Full-time Part-time

How did you hear about the Middle College program? _____

Did a Middle College student/graduate refer you to this program? Yes No

If yes, which student/graduate? _____

EDUCATION INFORMATION

Last Private/Public (High/Middle) School attended _____

Location (City/State) _____

Date of last year you attended the school above, (Month & Year):

Last grade level completed

9TH 10TH 11TH 12TH Other

Why did you not complete high school? Please be specific.

Have you ever been enrolled in a GED program? ____ Yes ____ No

If yes, which program? _____
When were you enrolled? (Month, Year) _____

Why did you not complete the previous GED program?

Have you ever taken the actual GED Exam? ____ Yes ____ No

If yes, do we have your permission to obtain your GED Exam scores?
____ Yes (Please initial _____) ____ No

Why do you want to attend the Middle College program?

Upon completion of the GED, what is your career goal? _____

Is there any additional information you would like us to consider?

PLEASE SEND ALL COMPLETED APPLICATIONS TO:

Middle College
Room 663 - DTC
J. Sargeant Reynolds Community College
P.O. Box 85622
Richmond, VA 23285 – 5622

MIDDLE COLLEGE CONTACT INFORMATION:

Office: (804) 523 – 5345
Fax: (804) 371 – 2400
Email: middlecollege@reynolds.edu