



WATC REGISTRATION FORM

COLLEGE EDUCATIONAL OBJECTIVE: High School concurrent student

Major & Code: WATC 0081

— For Office Use Only —

Check when completed:

_____ SRAREGS Registration
WATC Waiver

Hours: _____ Date: _____

Please print carefully and clearly.

FALL 20 _____ SPRING 20 _____

1. Social Security Number _____ - _____ - _____

2. Name _____ Check here if name change
Last First Middle

3. Mailing Address _____ Check here if address change
(Street, Post Office Box, etc.)

_____ City State Zip Code County

4. Home Phone/Parent Cell (Include Area Code) (_____) _____ Student Phone (_____) _____ Check here if telephone change
(Circle One)

5. High School _____ Year of High School graduation _____

COLLEGE EDUCATIONAL OBJECTIVE: High school concurrent student.

Please check ONE program of study:

MORNING CLASSES

- Automotive Technology
- Computer Graphics Technology
- Early Childhood Education
- Advanced Health
- Welding Technology

AFTERNOON CLASSES

- Automotive Technology
- Broadcast Journalism
- Computer Engineering
 - Information Technology
 - Pre-Engineering
- Computer Graphics Technology

AFTERNOON CLASSES

- Health Sciences**
 - Advanced Health
 - EMR (Emergency Medical Responder)
 - General Health/CNA (seniors only)
 - Medical Office Assistant
 - Pharmacy Tech (2nd year only)

CRN

Subject Name (SUBJ)

CRN

Subject Name (SUBJ)

Student's Signature _____

Advisor's Signature _____

Application for Admission

Western Arkansas Technical Center



To the Applicant: Type or print in blue or black ink.
 Answer **all** questions completely.
 Use legal name (no nicknames).

Mail or submit to:
 Your High School Counselor OR
 WATC
 University of Arkansas - Fort Smith
 5210 Grand Avenue
 P.O. Box 3649
 Fort Smith, AR 72913-3649

LEGAL NAME (Do not use nicknames. Please print.)

| | | |
|-----------|------------|-------------|
| Last name | First name | Middle name |
|-----------|------------|-------------|

STUDENT'S MAILING ADDRESS AND PHONE NUMBERS

SOCIAL SECURITY NUMBER

Address _____ (Note: If the address listed is a P.O. Box, please indicate a street address below.)

Street address _____

City _____ State _____ ZIP _____

Parent/Home phone _____ - _____ - _____ Student phone _____ - _____ - _____
(Circle one) area area

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| ① | ① | ① | ① | ① | ① | ① | ① | ① |
| ② | ② | ② | ② | ② | ② | ② | ② | ② |
| ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ | ③ |
| ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ | ④ |
| ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ | ⑤ |
| ⑥ | ⑥ | ⑥ | ⑥ | ⑥ | ⑥ | ⑥ | ⑥ | ⑥ |
| ⑦ | ⑦ | ⑦ | ⑦ | ⑦ | ⑦ | ⑦ | ⑦ | ⑦ |
| ⑧ | ⑧ | ⑧ | ⑧ | ⑧ | ⑧ | ⑧ | ⑧ | ⑧ |
| ⑨ | ⑨ | ⑨ | ⑨ | ⑨ | ⑨ | ⑨ | ⑨ | ⑨ |

The following information is requested for reporting purposes only and will not be used to determine admission eligibility.

Gender: Male Female **Date of Birth (Month/Date/Year):** _____

Race/Ethnicity: 1. Do you consider yourself to be Hispanic/Latino? Yes No

2. Select one or more races to indicate what you consider yourself to be:

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Student Marital Status (check one): Single Married Single Parent Widowed

Are you a United States citizen? Yes No *Please note: Non-citizens may participate in the WATC program at no cost and may attend UAFS upon high school graduation. However, non-citizens attending UAFS upon high school graduation will be assessed out-of-state tuition.*

NAME OF HIGH SCHOOL YOU ATTEND

City _____ State _____ ZIP _____

Anticipated graduation year: _____

DEGREE OBJECTIVE

Nondegree-Seeking. Enrolled through the Western Arkansas Technical Center in a special high school program.

WATC Major (check one program of study):

- Automotive Technology
- Broadcast Journalism
- Computer Engineering
 - Information Technology
 - Pre-Engineering
- Computer Graphics Technology

- Criminal Justice
- Early Childhood Education
- Electronics Technology
- Graphic Design
- Welding Technology

Health Sciences:

- Advanced Health
- General Health/CNA
- Emergency Medical Responder
- Medical Office Assistant
- Pharmacy Tech

CONTACT IN CASE OF EMERGENCY

Name _____ Relationship _____

Telephone _____ - _____ - _____ daytime Telephone _____ - _____ - _____ evenings
area area

PLEASE INDICATE BELOW YOUR OBJECTIVE IN ENROLLING IN THE WATC PROGRAM.

Career exploration

Head start on college education
Do you plan to attend UAFS after high school? _____

Receive training for employment

Other _____

SIGNATURE DOCUMENTATION

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled. If accepted as a student at Western Arkansas Technical Center with UAFS, I agree to abide by the rules and regulations regarding conduct and other obligations. I authorize my school to release any information related to my academic background, disciplinary actions, or psychological testing to UAFS while I am enrolled.

Signature of Student

Date

I give permission for my child to enroll with the Western Arkansas Technical Center with UAFS. I understand my child will abide by the rules and regulations regarding conduct and other obligations.

Signature of Parent/Guardian

Date

NOTICE OF NONDISCRIMINATION

UAFS is committed to a policy of nondiscrimination on the basis of race, sex, religion, color, national origin, creed, handicap, marital status, or age in admissions, educational programs, activities, or employment, as specified by federal and state laws and regulations.

Western Arkansas Technical Center's Commitment

The Western Arkansas Technical Center (WATC) is committed to providing technical training for high school juniors and seniors within the Western Arkansas region. We are regionally focused to serve students within districts in the six counties which make up the Western Arkansas Educational Cooperative. Our purpose is to provide technical training that allows students to earn concurrent high school and college credit.

Student Responsibilities. Students in the Western Arkansas Technical Center are expected to follow the policies outlined in the student handbooks provided to each student upon enrollment. The student is responsible for becoming familiar with and complying with the rules and conduct set forth in the handbook(s).

Calendar. WATC will follow the University of Arkansas - Fort Smith calendar for holidays, spring break, etc. When a student's home high school is not in session but UAFS is having class, WATC students are expected to be in attendance. When UAFS is not in session but a student's home high school is in session, the student should check with the high school counselor to determine if attendance is required.

Discipline. WATC students are enrolled in college classes, so student behavior is expected to comply with college standards. Any discipline problems with WATC students will be handled by the Center Director in conjunction with the student's home high school administrators.

Field Trips. Field trips are occasionally arranged to enhance the learning experiences offered by the WATC program. By signing this contract, students and parents or guardians grant permission for participation in these trips during regular class hours. Any field trips scheduled outside regular class hours will be announced separately and permission to attend must be granted in writing.

Follow-up Communications. Information from former students and their employers provide guidance for changes and improvement to the WATC program. Follow-up requests for information regarding grades, salary, and skill level may be mailed to students, high school counselors, employers, and/or college registrars. Signatures on this contract grant permission for requesting this information.

Communication with Schools and Parents. The Center will communicate class schedules, grades, absences, tardies, early departures, or discipline problems to the appropriate schools and to parents or guardians on a daily basis. By signing this contract, the student agrees to the release of this information.

Photo Release. Students in the WATC program may be photographed in various class activities. By signing this contract, the student agrees that he/she will receive no fee and that his/her photograph may be used by UAFS and the Western Arkansas Technical Center for publications, web site pages and in advertising, and that the University will own all rights to the photograph.

Final Exam Early Dismissal. All students enrolled at UAFS are required to take final exams. Each exam is allotted a two-hour time frame in which the student may complete the exam. Many students do not make use of the entire allotted time. Because WATC students are in high school, we must have parent/guardian permission to allow the student to leave the classroom upon completion of final exams. By signing this contract, your student will have permission to leave after each final exam they take during their time as a WATC student.

Signatures:

I, _____ (student's name), have read and agree to the items noted in this contract.

(Student Signature)

(Date)

As a parent, I agree to support my child in being successful in this program. I have read and understand the rules and policies set forth and will support the Center in upholding these standards for my child.

(Parent/Guardian Signature)

(Date)