



# BAKER COLLEGE

- Allen Park       Auburn Hills       Cadillac       Cass City       Clinton Township  
 Flint       Jackson       Muskegon       Owosso       Port Huron       Online

Application for       Dual Enrollment       Direct Credit       Home School

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Last                                  First                                  MI                                  Area Code                                  Number

E-Mail Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Yes, Baker College has permission to text me at this number.

Address: \_\_\_\_\_  
Number & Street                                  City                                  State                                  Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: Male / Female  
mm/dd/yyyy

I plan to enter:  Fall (September)  Winter (January)  Spring (March)  Summer (June) Year: 20 \_\_\_\_\_  
 I plan to attend  Day Classes  Night Classes

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address of HS (where invoice will be sent): \_\_\_\_\_

Have you taken dual enrollment classes before:  Yes  No If yes, when? \_\_\_\_\_

In compliance with federal reporting requirements, Baker College must seek to identify the ethnic/racial background of applicants for admission. You are encouraged to supply this information but may decline without any way prejudicing your application. Please check on box to identify the race group you think best applies to you.

Hispanics of any race

For Non-Hispanics Only:

American Indian or Alaska Native

Black or African American

White

Asian

Native Hawaiian or other Pacific Islander

Two or more races

I decline to answer

Home School Students: Tuition (50% of current BC tuition) and books are the responsibility of the student.

I certify that the above-named student meets all of the conditions outlined in the Postsecondary Enrollment Options Act, 1996 PA 160, as amended by 2012 PA 134, and is currently eligible for dual enrollment at Baker College.

It is understood that Baker College will transmit an invoice to the School District of \_\_\_\_\_ detailing the tuition and fees of the above-named student. I acknowledge that our district is responsible for the lesser amount of: 1) The actual charge of tuition and fees; or 2) the student's foundation allowance, adjusted to the proportion of the school year the student attends the postsecondary institution. The student is eligible to enroll in the following course(s) at Baker College as a dual enrolled/direct credit student:

**Course(es) to be taken on Baker Campus (Dual Enrollment) or at their High School (Direct Credit):**

Course #	Course Title	Course #	Course Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_



# BAKER COLLEGE

## REGISTRATION CARD

I plan to enter:  Fall (September)  Winter (January)  Spring (March)  Summer (June)

Year: 20 \_\_\_\_

Application For:  Dual Enrollment  Direct Credit  Home School

**Choose a Campus:**

- Allen Park  Auburn Hills  Cadillac  Cass City  Clinton Township
- Flint  Jackson  Muskegon  Owosso  Port Huron

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Last                      First                      Middle Initial                      Area Code

Address: \_\_\_\_\_

Number & Street                      City                      State                      Zip Code

SECTION	TIME	DAY	CLASS TITLE

I understand that I have registered for the classes as indicated on this form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLEGE USE ONLY**

UIN: \_\_\_\_\_