

**Admission Deposit Form**

**PLEASE RETURN THIS FORM TO WCCC WITH YOUR ADMISSION DEPOSIT OF SEVENTY-FIVE DOLLARS IN ORDER TO SECURE YOUR SPACE IN THE PROGRAM.**

NAME: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET/PO BOX) (CITY) (STATE) (ZIP)

STARTING DATE OF PROGRAM \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IF YOU ARE A MAINE RESIDENT, PLEASE CHECK COUNTY IN WHICH YOU RESIDE:

ANDROSCOGIN _____	HANCOCK _____	OXFORD _____	SOMERSET _____
AROOSTOOK _____	KENNEBEC _____	PENOBSCOT _____	WALDO _____
CUMBERLAND _____	KNOX _____	PISCATAQUIS _____	YORK _____
FRANKLIN _____	LINCOLN _____	SAGADAHOC _____	WASHINGTON _____

<p style="text-align: center;">HIGH SCHOOL PROGRAM STUDIED:</p> <p>COLLEGE PREP ___ GENERAL ___ BUSINESS EDUCATION ___ VOCATIONAL _____ REGION or CENTER ___ VOCATIONAL PROGRAM NAME:</p> <hr/> <p style="text-align: center;">OTHER:</p> <hr/> <hr/> <hr/> <p style="text-align: center;">(PLEASE SPECIFY)</p>	<p style="text-align: center;">HIGH SCHOOL RECORD:</p> <table border="0"><tr><td></td><td style="text-align: right;">MO. DAY YEAR</td></tr><tr><td>GRADUATED:</td><td style="text-align: right;">___/___/___</td></tr><tr><td>WILL GRADUATE:</td><td style="text-align: right;">___/___/___</td></tr><tr><td>ADULT DIPLOMA:</td><td style="text-align: right;">___/___/___</td></tr><tr><td>GED:</td><td style="text-align: right;">___/___/___</td></tr></table>		MO. DAY YEAR	GRADUATED:	___/___/___	WILL GRADUATE:	___/___/___	ADULT DIPLOMA:	___/___/___	GED:	___/___/___
	MO. DAY YEAR										
GRADUATED:	___/___/___										
WILL GRADUATE:	___/___/___										
ADULT DIPLOMA:	___/___/___										
GED:	___/___/___										

DID YOU ATTEND ANOTHER COLLEGE, UNIVERSITY, or INSTITUTE? YES \_\_\_ NO \_\_\_  
IF YES, PLEASE LIST: \_\_\_\_\_ IF YOU  
HAVE NOT PROVIDED US YOUR TRANSCRIPT, PLEASE DO SO IMMEDIATELY. WE NEED THE  
TRANSCRIPT TO EVALUATE WHAT YOU WILL RECEIVE FOR TRANSFER CREDIT.

ETHNIC BACKGROUND (OPTIONAL)	ASIAN_____	HISPANIC_____	CAUCAUSIAN_____
	AMERICAN INDIAN_____	BLACK_____	

CLOSEST LIVING RELATIVE/SPOUSE: _____		
RELATIONSHIP: _____	ADDRESS: _____	
	(STREET/PO BOX)	
<hr/>		
(CITY)	(STATE)	(ZIP)
HOME TEL: ( ) _____	WORK TEL: ( ) _____	

NAME AND ADDRESS OF LOCAL PAPER (THIS IS USED PRIMARILY FOR REPORTING ACCOMPLISHMENTS MADE BY STUDENTS AT WCCC)			
_____			
(NAME OF PAPER)			
_____			
(STREET/PO BOX)	(CITY)	(STATE)	(ZIP)

**FOR BUSINESS USE ONLY:**

DATE RECEIVED: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_