



IOWA CENTRAL  
COMMUNITY COLLEGE

## North Central Career Academy

### Registration

2021-22

#### Personal Information

Legal Name \_\_\_\_\_  
Last First M.I. Maiden

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Circle one: Male / Female

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Name of High School \_\_\_\_\_ Anticipated HS Grad Year 20 \_\_\_\_\_

Permanent Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Cell Phone Service Provider \_\_\_\_\_ Email Address \_\_\_\_\_

I would like to receive text messages about upcoming events at Iowa Central: Yes / No

#### Ethnicity (Circle all that apply)

- |                                    |   |                         |
|------------------------------------|---|-------------------------|
| ➤ Hispanic/Latino                  | ➤ White                                     | ➤ Other Ethnic Group    |
| ➤ Black or African American        | ➤ Asian                                     | ➤ Prefer not to respond |
| ➤ American Indian or Alaska Native | ➤ Native Hawaiian or other Pacific Islander |                         |

#### Academy Program Choices

I am interested in the following college credit in high school academies (Please mark 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices). You will only be enrolled in one program.

_____ Business	_____ Liberal Arts
_____ Engineering Technology	_____ Manufacturing
_____ Health Services	_____ Teacher Academy
_____ Computer Science/Programming	

#### School District Verification

I verify that the student identified on this application is eligible for college credit in high school options per the Senior Year Plus Regulations. Our school district as identified above, agrees to make payment in accordance with our agreement.

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Date

\*\*\*Continued on reverse side



### **Student/Parent Agreement**

Students will receive by mail notification of orientation sessions held in the summer at the North Central Career Academy in Eagle Grove, IA. While not mandatory, it is strongly recommended for a parent and student to attend to receive valuable information.

Have you ever earned college credit from any other college or university? Yes / No

If yes, what university of college? \_\_\_\_\_

Have you attended this or any other Career Academy in the past? Yes / No

If yes, what Academy location and program did you attend? \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. I agree to abide by all approved policies as outlined in the current issue of the college catalog. I agree to report all changes, including name and address, to the Admissions Office.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### **Media & Field Trip/Tour Release/Medical Release**

**Media:** I agree to allow my child's photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote the Iowa Central Community College and the North Central Career Academy. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, and promotional materials.

**Field Trips/Tour:** I agree to allow my child to participate in tours and field trips to business & industry sponsored by Iowa Central Community College North Central Career Academy.

**Medical Release:** I do hereby state that I have legal custody of the Student. I grant my authorization and consent for a representative of Iowa Central Community College (hereinafter "Designated Representative") to administer general first aid treatment for any minor injuries or illnesses experienced by the Student. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Representative to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Phone Number

\_\_\_\_\_  
Alternate Emergency Contact

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Alternate Emergency Phone Number



### **Release of Information**

**The Attached Release of Information form is not mandatory. According to Iowa Central Community College's Student Handbook:**

*The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. An "eligible" student under FERPA is a student who is 18 years of age or who attends a postsecondary institution. These rights begin on the day the student begins attending classes.*

**Under FERPA, no Iowa Central Community College representative can give anyone information about a student without this Release of Information signed.**

### **Completed forms should be submitted to:**

**North Central Career Academy  
Iowa Central Community College  
216 S. Park  
Eagle Grove, IA 50533  
FAX: 515-574-1272  
EMAIL: bartlett@lowacentral.edu**

**if returning this form via fax, please note that both sides must be completed before Iowa Central can register the student.**

# Release of Information

I, \_\_\_\_\_, \_\_\_\_\_  
(Student Name) (Social Security Number)

and/or \_\_\_\_\_  
(Student ID#)

do hereby authorize **Iowa Central Community College** to release the following non-directory information (check any that apply):

☐ Financial Aid Information

☐ Billing Information

☐ Grades and GPA

☐ Class Schedules

☐ Housing Information

☐ Class Attendance and Progress

☐ Health Information

☐ Veteran's Information

To:

\_\_\_\_\_  
(relative/facility/agency name- **be specific**. The term "parents" is not acceptable)

**I understand that the information may be given verbally or in written form and this release includes permission to furnish copies.**

**I understand that this release agreement is only valid for the school year of 2021-22.**

\_\_\_\_\_  
Signature of Student)

\_\_\_\_\_  
(Date)



## National Career Readiness Certificate Iowa High Schools

Test Date: \_\_\_\_\_

High School: \_\_\_\_\_

*The following information will be used for research purposes for the statewide National Career Readiness Certificate and Skilled Iowa Initiative. The Initiative is a partnership with Iowa high schools, ACT and Iowa Workforce Development. All information will be kept confidential and reported only in aggregate.*

### Personal Information

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Gender:

☐ Male

☐ Female

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Which of the following groups do you identify with?

*Select only one*

☐ (W) European American Non-Hispanic (White)

☐ (BJ) African American Non-Hispanic

☐ (I) American Indian/Alaskan Native

☐ (H) Hispanic

☐ (A) Asian/Pacific Islander

☐ (OJ) Other

☐ (N) Not Declared

Number of people in your household: \_\_\_\_\_

Are you (student) currently employed?

☐ Yes

☐ No

If yes, name of employer: \_\_\_\_\_

Number of hours worked each week: \_\_\_\_\_

What is your hourly wage? \_\_\_\_\_

Iowa Resident?

☐ Yes

☐ No

### Education Level:

☐ 9th ☐ 10th ☐ 11th ☐ 12th

Do you have a parent who is a Veteran?

☐ Yes

☐ No

Do you require special accommodations because of a disability?

☐ Yes

☐ No

*(If yes, please complete the accommodations form attached)*

### THIS SECTION FOR OFFICE USE ONLY

User name: \_\_\_\_\_

Password: \_\_\_\_\_

Is this a retest?

☐ Yes

☐ No

If yes, which test? ☐ \_\_\_\_\_

### CERTIFICATE LEVEL:

☐ Platinum

☐ Gold

☐ Silver

☐ Bronze

Math:

Reading:

Locating:

## WorkKeys/NCRC

### Americans with Disabilities Act Request for Accommodation Form

*Iowa Workforce Development and all other parties will make a good faith effort to comply with the Americans with Disabilities Act of 1990. All information provided will be held in strict confidence.*

#### SECTION 1 - Examinee Information

Please fill out the following information in the event that we need to contact you about your assessment or accommodations.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### SECTION 2 - Tasks Required to Take the Assessment

When taking any assessment, it is vital that the testing process accurately reflects your knowledge level, skills and abilities. One or more of the following activities will need to be performed when taking these assessment(s):

- \* Use a keyboard and mouse - Internet testing only
- \* View and read items on a PC monitor - Internet testing only
- \* Understand and follow instructions provided
- \* Read items
- \* Fill out bubble answer folder with pencil
- \* Turn pages
- \* Write in cursive or print
- \* Listen to an audiotape
- \* View a DVD via a monitor

#### SECTION 3 - Do You Need an Accommodation to Perform the Tasks Identified Above?

☐ Yes      ☐ No

No - The form is complete.

Yes - Complete section 4.

#### SECTION 4 - Verifying Your Disability

The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities, having a record of such impairment, or being regarded as having such an impairment.

It is your responsibility as the individual requesting reasonable accommodation(s) to provide appropriate documentation that verifies the accommodations your disability requires to participate in the assessment process. This Agency reserves the right to verify the authenticity of any documentation submitted to it for this purpose. Please be advised that specific accommodations recommended in any documentation will be evaluated with an understanding that there may be multiple ways to reasonably accommodate individuals with disabilities. In other words, you may be offered an accommodation that differs from what was recommended in your documentation.

After receipt of your documentation, up to two (2) weeks will be needed to provide adequate time to review the documentation and verify the nature and the extent of your disability, and to identify appropriate accommodation(s). If the requested accommodation(s) would change the essential nature of the assessment or impose an undue burden, all or part of the assessment may not be accommodated. A WorkKeys™ Center representative will contact you to schedule a meeting to discuss your situation and to schedule the date for you to take the assessment.

1. Please indicate the name, address and phone number of a qualified professional who can make recommendations regarding what reasonable accommodations should be made in order for you to take the assessments. (For a list of professionals or organizations who can certify a disability please see your WorkKeys Test Administrator)

Name:

Address:

City:  Zip:

2. Please describe the specific accommodation(s) you are requesting. Any constructive suggestions you may have regarding reasonable accommodations listing those you have found effective in the past would be appreciated. Please focus on ability to perform any of the tasks to take the assessment.

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*For more information on testing accommodations and other questions, please see your WorkKeys Test Administrator*

#### Release of Information

The undersigned, an examinee at \_\_\_\_\_ High School hereby consents to the following:  
I authorize: \_\_\_\_\_ (health care or other qualified professional) to disclose and release to Iowa Workforce Development the following information regarding accommodations necessary to take the WorkKeys Assessments/NCRC.

- \* Certification of disability
- \* Recommendation of reasonable accommodation

