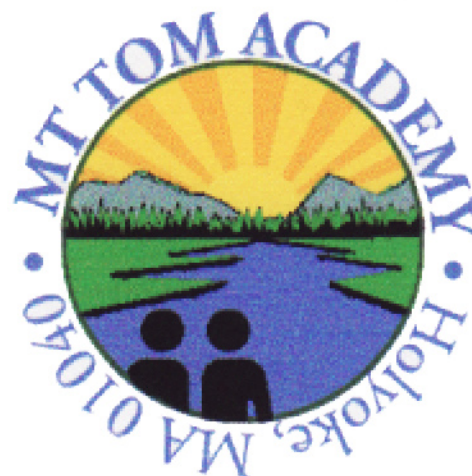


Application for Admission



MT TOM ACADEMY

at Holyoke Community College
 303 Homestead Avenue
 Donoghue building, Room A-150
 Holyoke, MA 01040
 413-552-2720
 413-538-7000

Name _____ Date _____
 Address _____ D.O.B. _____
 City _____ Tel. # _____
 School _____ Grade _____
 Counselor _____ S.S. # _____

I am presently a member of the class of _____ at _____
 High School. I will be enrolled in the following courses at my high school for the school year _____,
 semester _____.

Course	Credit	Course	Credit

I agree to abide by all rules, regulations and requirements of the college. I understand that my acceptance into the program is contingent upon the staff at **MT TOM ACADEMY**. I agree to meet with my high school counselor and schedule all course requirements and credits. I understand that successful completion of course work at **MT TOM ACADEMY**, including dual enrollment credits, will be assigned to my transcript at my high school and used for graduation credits. I will be responsible for my own transportation and park in an approved parking location.

_____ Student _____ Parent Approval
 _____ Counselor Approval _____ Principal Approval

For **MT TOM ACADEMY** use only: