



# Jackson County Early College Pre-Application

Today's date \_\_\_\_\_

Student's Legal Last Name

Student's Legal First Name

Student's Middle Name

Parent or Primary Guardian Name

Street Address

City

State

Zip Code

Primary Phone

Alternate Phone

Parent's Email Address

Student's Email Address \_\_\_\_\_

High School / District \_\_\_\_\_

Current Grade \_\_\_\_\_

Does the student have an IEP or 504 plan?

Yes

No

IEP

504

Student Signature

Date

Parent Signature

Date

School Counselor

Date

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**Please sign and return to: Jean Logan, [info@jxncec.org](mailto:info@jxncec.org)**

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