



Jackson County Early College Pre-Application

Today's date _____

Student's Legal Last Name

Student's Legal First Name

Student's Middle Name

Student's Birthday

Parent or Primary Legal Guardian Name (First and Last):

Primary Street Address/PO Box (Indicate street address with PO Box):

City

State

Zip Code

Primary Phone _____ Alternate Phone _____

Student's Email Address _____

Parent or Guardian's Email Address _____

High School / District _____

Current Grade _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

School Counselor _____ Date _____

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Please sign and return to: Jean Logan, info@jxncec.org

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