



# Lamar State College-Orange High School Dual Credit Application



Semester you expect to enter  Fall  Spring Year \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_  New Dual Credit Student  Returning Dual Credit Student

Name/Address Below (Please print)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Student E-MAIL (most frequently checked): \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_

Gender:  Male  Female

<b>Ethnic Background:</b> Please indicate which group of the following best describes your ethnic background. The information will be used for federal and/or state law reporting purposes.	White, Non-Hispanic <input type="checkbox"/> Black, No- Hispanic <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/>	American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> No Response <input type="checkbox"/>
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Where were you born? (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

1. Are you a U.S. Citizen?  Yes  No
2. Are you a permanent resident?  Yes  No – Alien Number \_\_\_\_\_
3. Are you a Texas resident?  Yes  No
4. Have your parents resided in Texas for the 12 months prior to your proposed enrollment date?  Yes  No
5. I understand that if dual credit is given, my grades will be reported to my high school.  Yes  No
6. Have you taken TSI?  Yes  No
7. The information provided on this application is complete and correct.  Yes  No

**The RECOMMENDATIONS and CHECKLIST sections are to be completed by the high school counselor.**

### RECOMMENDATIONS

- I recommend this student for dual credit courses. The student meets the following criteria: (check all that apply)
- Meets the passing standard on the TSI Assessment**  
Math – 350, Reading – 351, Writing Essay – 5 or Essay – 4 and Multiple Choice - 363
- SAT** – 500 Math/500 ELA/Reading - 1070 Combined  
**ACT** - 19 Math/19 ELA/Reading - 23 Combined  
**STAAR EOC** – English II - 4000

### CHECKLIST

- Does the applicant have a physical or learning disability? If yes, please contact the Special Populations Coordinator, (409) 882-3370
- A copy of the student transcript has been attached
- Meningitis Forms
- Copy of Social Security card and driver's license or photo student ID

Course Name	Sec.	Loc.

<b>SIGNATURES</b>	
_____ Student's Signature	_____ Date
_____ Parent's Signature	_____ Date
_____ Principal or Counselor's Signature	_____ Date

## Course Planner

First Semester - Jr. year		Cr. Hr.	Second Semester – Jr. Year		Cr. Hr.
<b>Total Hours:</b>				<b>Total Hours:</b>	
First Semester – Sr. Year		Cr. Hr.	Second Semester – Sr. Year		Cr. Hr.
<b>Total Hours:</b>				<b>Total Hours:</b>	

Have you ever attended another institution for dual credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Institution:	Last date enrolled?
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### **Certification of Information**

Notification of Rights under the Family Educational Rights and Privacy Act (FERPA): Information collected about you through this application may be held by any institution of higher education to which you apply. With few exceptions, you are entitled on your request to be informed about the collected information. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to correct information held by an institution that is incorrect. You may correct information held by any institution to which you apply by contacting the institution's Public Information Officer. The information that is collected about you will be retained and maintained as required by Texas records retention laws (Section 441.190 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

If my application is accepted, I agree to abide by the policies, rules and regulations at any college to which I am admitted. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment and/or appropriate disciplinary action. I understand that officials of my college will use the information submitted on this form to determine my status for residency eligibility. I authorize the college to verify the information I have provided. I also authorize the college to electronically access my records regarding the Texas Success Initiative. I agree to notify the proper officials or the institution of any changes in the information provided.

Student's Signature: \_\_\_\_\_

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

### **Non-Discrimination Clause**

Admission to any of the Texas institutions of higher education and any of their sponsored programs is open to qualified individuals regardless of race, color, gender, sexual orientation, creed, age, national origin or disability.

Name \_\_\_\_\_

SS # \_\_\_\_\_

This questionnaire has been developed to determine the effectiveness of programs provided by Lamar State College-Orange. The date requested is needed for a student tracking and follow-up system developed by the Texas Higher Education Coordinating Board and will not be utilized for acceptance purposes. It will be used in conjunction with academic records to evaluate the effectiveness of current programs and support local planning. The information will be kept confidential and will not be released. Thank you for your cooperation.

1. Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Are you economically disadvantaged?

1.  Yes 2.  No

3. What is your current employment status?

1.  Employed full-time
2.  Employed part-time
3.  Employed as a homemaker
4.  Not employed, seeking work
5.  Not employed, not seeking work

4. What is the highest level of education attained by your father?

1.  Not a high school graduate
2.  High School graduate
3.  Some college or Associate's degree
4.  Bachelor's degree or above

5. What is the highest level of education attained by your mother?

1.  Not a high school graduate
2.  High School graduate
3.  Some college or Associate's degree
4.  Bachelor's degree or above

6. How many dependents do you have? (do not include yourself)

1.  Zero 4.  Three 7.  Six
2.  One 5.  Four 8.  Seven
3.  Two 6.  Five 9.  Eight or more

7. Are you currently reported as a *dependent* for income purposes by a parent or guardian?

1.  Yes  No

**A Member of the Texas State University System  
An Equal Opportunity Institution**

8. What is your status with respect to financial aid?

1.  Did not apply
2.  Applied
3.  Applied & determined eligible
4.  Applied, awarded (but did not collect financial aid)
5.  Applied, awarded and collected financial aid

9. What is your primary reason for attending Lamar State College-Orange?

1.  Get a job
2.  Improve skills for current job
3.  Get a better job
4.  Maintain Licensure
5.  Earn a certificate
6.  Earn a 2-year degree
7.  Earn credit toward 4-year degree
8.  Personal enrichment
9.  Other \_\_\_\_\_

10. How long do you plan to attend Lamar State College-Orange?

1.  One term only
2.  Two terms
3.  One year
4.  Two years
5.  Three years
6.  More than three years

11. Are you a returning homemaker? (Attending LSC-O for instruction after remaining out of the workforce?)

1.  Yes 2.  No

12. Are you academically disadvantaged?

1.  Yes 2.  No

If "yes", did you score below the 25 percentile on the SAT?

1.  Yes 2.  No

Or is your high school grade point average below a 2.0 on

the 4.0 scale? 1.  Yes 2.  No

13. Is English your native language?

1.  Yes 2.  No

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Lamar State College-Orange is an equal opportunity/affirmative action educational institution and employer. Students, faculty, and staff members are selected without regard to race, color, sex, religion, age, handicap, or ethnic origin, consistent with the Assurance of Compliance with Title VI of the Civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; and Section 504 of the Rehabilitation Act of 1973, Age Discrimination in Employment Act (1967) and the Americans with Disabilities Act (1990) Title I. Inquiries concerning application of these may be referred to the Director of Human Resources.



Please Print Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

# Important Information about Bacterial Meningitis

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast - so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

## WHAT ARE THE SYMPTOMS?

- High fever
- Rash or purple patches on skin
- Light sensitivity
- Confusion and sleepiness
- Lethargy
- Severe headache
- Vomiting
- Stiff neck
- Nausea
- Seizures

There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body. **The more symptoms, the higher the risk, so when these symptoms appear seek immediate medical attention.**

## HOW IS BACTERIAL MENINGITIS DIAGNOSED?

- Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests.
- **Early diagnosis and treatment can greatly improve the likelihood of recovery.**

## HOW IS THE DISEASE TRANSMITTED?

- The disease is transmitted when people exchange saliva (such as by kissing, or by sharing drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

## HOW DO YOU INCREASE YOUR RISK OF GETTING BACTERIAL MENINGITIS?

- Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.
- Living in close conditions (such as sharing a room/suite in a dorm or group home).

## WHAT ARE THE POSSIBLE CONSEQUENCES OF THE DISEASE?

- Death (in 18 to 24 hours from perfectly well to dead)
- Permanent brain damage
- Kidney failure
- Learning disability
- Hearing loss, blindness
- Limb damage (fingers, toes, arms, legs) requires amputation
- Gangrene
- Coma
- Convulsions

## CAN THE DISEASE BE TREATED?

- Antibiotic treatment, if received early, can save lives and chances of recovery are increased. However, permanent disability or death can still occur.
- Vaccinations are available and should be considered for:
  - Those living in close quarters
  - College students 25 years old or younger
- Vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis).
- Vaccinations take 7-10 days to become effective, with protection lasting 3-5 years.
- The cost of vaccine varies, so check with your health care provider.
- Vaccination is very safe - most common side effects are redness and minor pain at injection site for up to two days.
- Vaccination is available in Orange County from your health care provider.

## HOW CAN I FIND OUT MORE INFORMATION?

- Contact your own health care provider.
- Contact your local or regional Texas Department of Health office at (409) 883-6119 or (713) 767-3000.
- Contact web sites: [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo) or [www.acha.org](http://www.acha.org)

I have read and received a copy of the Bacterial Meningitis information listed above: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return a copy to

Lamar State College-Orange, Admission & Records, 410 Front Street, Orange TX 77630 FAX# (409)882-3055

Effective January 1, 2012, Senate Bill 1107 requires all students entering an institution of higher education (public and private) to either receive a vaccination against bacterial meningitis or meet certain criteria for declining such a vaccination 10 days before the first day of classes. Therefore, if you are under the age of 30 and are 1) a returning student, who did NOT attend classes at LSC-O the preceding long semester, 2) an entering freshman, OR 3) a transfer student, you must submit evidence of vaccination against bacterial meningitis. Students that are taking online only courses DO NOT need to submit evidence of vaccination against bacterial meningitis. *However, must complete a signed notarized waiver that may be obtained from the Admission & Records Office and may only enroll in on-line classes.* To learn important facts about Bacterial Meningitis

<http://www.cdc.gov/meningitis/about/faq.html>

Students planning to attend Lamar State College-Orange need to submit proof of vaccination or exemption before registering for classes. Students who do not qualify for an exemption must be immunized at least 10 days prior to the first class day. Vaccinations are valid for five years.

Evidence of Vaccination must verify that the vaccination was received at least 10 days prior to attending classes.

- A document bearing the signature or stamp of a physician, his or her designee, or public health official that states the name of the vaccination, the name and address of the medical facility, and the day, month and year that the vaccination was administered.
- An official immunization record generated by a state or local health authority. This record must state the name of the vaccination, the name and address of the medical facility, and the day, month and year that the vaccination was administered.
- An official school record that indicates a current bacterial meningitis vaccination. This record must state the name of the vaccination, the name and address of the medical facility, and the day, month and year that the vaccination was administered.

Evidence to Decline Vaccination must be submitted in the following format:

- To claim an exclusion for medical reasons, the student must present a statement signed by a physician (M.D. or D.O.), duly registered and licensed to practice medicine in the United States who has examined the student, in which it is stated that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the student. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.
- An affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Higher Education Coordinating Board must be used and can be downloaded here - [AFFIDAVIT EXEMPTION FROM IMMUNIZATIONS FOR BACTERIAL MENINGITIS FOR REASONS OF CONSCIENCE](#).

Important Considerations

- The bacterial meningitis vaccination must be administered by a Health Practitioner authorized by law to administer an immunization.
- Vaccinations older than 5 years will require a booster.

**How to Submit Evidence of Vaccination or an Affidavit to Decline:** LSC-O has chosen the services of Magnus Health to collect, review, and securely store all student documents pertaining to the meningitis vaccine. Magnus Health's SMR (Student Medical Record) is a web-based solution that will allow us to manage the vast number of vaccination records that we have to collect to comply with the new state law. All students that fall under this requirement must register through Magnus Health's SMR, ensuring that the course registration process is not delayed. *Students will not be able to register for class until this requirement has been completed.*

- **After applying for admission to LSC-O, students will receive an email within 3 days from Magnus Health to the personal email address provided. The email will contain their username and a temporary password. There is a \$10 account fee.**
- **Students will be able to upload their vaccination documentation or they will download forms to be completed and uploaded, mailed or fax to Magnus Health.**

Lamar State College-Orange encourages students to obtain the vaccine at their primary care physician's office. If you have insurance, most vaccines will require only a co-pay. Local pharmacies also administer the vaccine. Texas Department of State Health Services will NOT administer the shot to anyone over the age of 18.

If you have any additional questions please contact customer support from Magnus Health SMR, which is available to you by phone (877-461-6831) and email ([service@magnushealthportal.com](mailto:service@magnushealthportal.com)).

## Bacterial Meningitis FAQs

**Who is required to comply with the Meningitis Vaccination Law?** All entering students (under age 30) enrolling in public, private, or independent institutions of higher education on or after January 1, 2012.

(AND) Any students (under age 30) who attended an institution of higher education prior to January 1, 2012 and are re-enrolling in an institution of higher education following a break of at least one fall or spring semester. **Does this requirement apply to me if I take classes online or at a distance education site?**

- If you are *only* taking classes online, you do not fall under this requirement – but must sign a waiver.
- If you are taking classes online *and* on campus, you must complete the requirement
- If you are *only* taking classes at a distance education site, you do not fall under this requirement
- If you are taking classes at a distance education site *and* on campus, you must complete the requirement

**Where can I get the bacterial meningitis vaccine?** If you have not been vaccinated for bacterial meningitis within the past 5 years, you can obtain the vaccine from:

- your healthcare provider
- Pharmacy - Walgreens 16<sup>th</sup> Street, Orange, Texas 77639, (409) 883-0876

*The vaccine must be administered at least 10 days prior to the first day of classes.*

**What if I don't know or remember if I have been vaccinated?** Please contact your local health care provider for a medical opinion.

**What constitutes a bacterial meningitis vaccination?** The vaccines recommended by the Centers for Disease Control and Prevention – MCV4 and MPSV4 – offer protection for Meningitis groups A, C, Y and W-135. Currently, MCV4 and MPSV4 are the only vaccines that are accepted. Please visit the [CDC website \(http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf\)](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf) for additional information.

**How long will it take for my record to be approved?** Magnus Health will review your record within 2 business days from the time it is *received*. If you choose to fax or mail your record instead of uploading it directly, that time period will begin when the document is received by Magnus Health reviewers, not from the time that it was sent.

**How do I submit proof of vaccination or exemption for the meningitis vaccine?** When you log into your Magnus Health account, you will be given instructions on how to submit the required documentation via a 60-second, introductory video. The video provides a comprehensive overview of how to submit your documentation by uploading a PDF directly to your account. If you are unable to upload, you can alternatively fax or mail the document to Magnus Health. If you need any additional assistance, please contact Magnus Health's customer service.

**Who should I contact if I have questions regarding my Magnus Health account?** Magnus Health's customer service team is available to answer any questions that you might have. You may email them directly at [service@magnushealthportal.com](mailto:service@magnushealthportal.com), start a [live chat](#), or call (877) 461-6831.

**What happens if I don't submit proper forms or proof of being vaccinated?** A hold will be placed on your student record and you will not be able to register for classes until proper medical documentation is received.

**What are my options if I wish to decline the vaccination?** You must obtain a waiver, signed by a physician who is duly registered and licensed to practice medicine in the United States, stating that, in the physician's opinion, the required vaccination for bacterial meningitis would be injurious to your health and well-being.

(OR)

If a student has an objection to receiving the vaccination for reasons of conscience, a conscientious exemption form from the Texas Higher Education Coordinating Board must be used and can be downloaded here -

<http://www.thecb.state.tx.us/reports/PDF/2554.PDF?CFID=25902958&CFTOKEN=21470812>



## Lamar State College-Orange (LSC-O) Testing Information Sheet



Texas Success Initiative – The purpose of the Texas Success Initiative is to ensure that students enrolled in Texas public colleges and universities possess the academic skills needed to perform effectively in college-level coursework.

Students may be exempt from the TSI requirements based on their ACT, SAT scores or meeting a score of 4000 on STAAR EOC English II. Students who are not exempt must take a state-mandated placement test, the TSI, before entering college. There are 3 parts to the test – reading, writing and math. You may call our **Testing Center, (409) 882-3330**, to make an appointment to take the test.

In order to take:	Students-	
English college course	<ul style="list-style-type: none"><li>• must pass reading and writing sections</li></ul>	
Math/Chem college course	<ul style="list-style-type: none"><li>• must pass math section</li></ul>	
All other courses	<ul style="list-style-type: none"><li>• must pass reading</li></ul>	
<b>MUST TAKE ALL PARTS OF THE TSI TEST REGARDLESS OF COURSES BEING TAKEN</b>		
TSI - \$25	Scores Needed to Pass	Notes:
<ul style="list-style-type: none"><li>• Sections are not timed</li><li>• Paper/pencil test</li><li>• Scores immediately</li><li>• Can retest the same day</li></ul>	Math – 350 Reading – 351 Writing – Essay - 5 Or Essay - 4 & Multiple Choice - 363	May re-test the same day if a section is not passed. Reading - \$5, Math - \$5, Writing \$15

LSC-O contact information: Lisa Sparks (409) 882-3994, Dual Credit Assistant

Director of Dual Credit: Dr. Gwen Whitehead, Vice President of Academic Affairs

**LSC-O Testing Center – 409-882-3330**