



Welcome to Dixie Technical College. Please complete the items listed below and submit your application to the Student Services Department at Dixie Tech. *Incomplete Applications will not be accepted.*

APPLY TO DIXIE TECHNICAL COLLEGE

- Dixie Technical College General Application and \$40 Application Fee
 - Complete online: go to dixietech.edu and click “Apply Now”

APPLY TO THE AM STEM DIGITAL MEDIA DESIGN PROGRAM

- High School Year Eligible: Sophomore, Junior, Senior
- AM STEM Digital Media Design Application
- Professional Goal Statement: In 300-500 words, describe your professional goals and how this program will help you achieve those goals. Statements should be typed and submitted to Student Services with your completed application.
- Letter of Recommendation (from non-relative)
- Minor (if under 18) or Adult Consent, Release and Acknowledgement
- Application Review: After successfully completing and submitting the above requirements, the College will perform an **Application Review** after which students will be emailed regarding their acceptance status.

Application Due Date: **May 15th for August start date**

Upon program approval, applications may be accepted after the due date if space is remaining



Name of Minor Student _____

Phone# _____ Dixie Tech Student ID# _____

Date of Birth _____ High School _____

REGISTRATION/PAYMENT/FEE ACKNOWLEDGEMENT

As the parent/guardian of a high school student attending Dixie Tech, I understand that:

- The tuition for high school students is waived.
- **I am responsible to pay non-tuition charges such as class fees, subscriptions and textbooks.**
- The child must register and pay class fees by the **first scheduled day of each class** to avoid a **late fee** which will be charged according to the following schedule.

Past Due Balance	Late Fee	Past Due Balance	Late Fee
\$0.00 - \$50.00	\$5.00	\$50.01 - 100.00	\$15.00
\$100.01 - \$500.00	\$25.00	\$500.01 - \$1,000.00	\$35.00
\$1,000.00 +	\$50.00		

- The child is required to adhere to the Student Code of Conduct
- If I am on a payment plan, I must make my monthly payment by the 10th of each month to avoid a late fee.
- The child may be dropped from any courses, at the discretion of the school, if any payment is more than 30 days past due.

Signature of parent/guardian: _____ Date: _____

PHOTOGRAPHY/VIDEO CONSENT

Occasionally, Dixie Tech may photograph/video students for use in catalogues and brochures and on its informational website.

- I hereby consent to Dixie Tech’s use of the child’s name, photograph and/or video for the purposes of advertising and promoting Dixie Tech programs. I, on my own behalf and on behalf of the child, waive the right to approve any such publicity or promotional materials and understand that I or the child will receive no compensation for my consent.

Signature of parent/guardian: _____ Date: _____

- I do not want photographs/video of my child to be used for informational or promotional materials.

Signature of parent/guardian: _____ Date: _____

SIGNATURE REQUIRED ON REVERSE

MEDICAL TREATMENT/RELEASE OF LIABILITY

In consideration of Child’s participation in a Dixie Tech program, I hereby agree as follows:

1. I understand there are potential risks of injury involved with minors participating in organized educational activities. I agree, personally and on behalf of the minor Student named above, to assume all risk and responsibilities surrounding the child’s participation in the College program and use of College facilities.

2. In the event the child is injured or becomes ill while participating in a College program, I authorize Dixie Tech to administer general first aid treatment for minor injuries or illnesses experienced by the child. If emergency medical treatment is necessary, I hereby consent to the transfer of the child to a hospital emergency room to be seen by a physician. I understand Dixie Tech will then contact me or my designated emergency contact at the telephone number(s) or email address(es) I have provided. I hereby accept full responsibility for the payment of all costs incurred for such emergency treatment for the child.

3. I hereby acknowledge and agree that Dixie Tech and its employees and agents are not responsible for the kind or quality of emergency medical treatment that the child receives.

4. I, on behalf of my child and our heirs, legal representative and assigns, hereby release Dixie Tech, its officers, directors, faculty, staff, volunteers, employees and agents (collectively “Dixie Tech”) from any present or future claim, cause of action, loss or liability for injury to person or property, which the child may suffer, related to participation in the Program and resulting from any incident or cause, and agree to hold Dixie Tech harmless therefrom, including any claim for injury or loss caused by the child to any third party.

This document shall be governed and construed under the laws of Utah. If any terms or provision of this release and hold harmless agreement shall be held illegal, unenforceable, or in conflict with any law governing this release and hold harmless agreement, the validity of the remaining portions shall not be affected thereby.

I acknowledge I have read the foregoing document carefully and understand its contents and significance.

If Dixie Tech determines it is not in the child’s best interest to return home unaccompanied, I, or my designated local emergency contact, will pick up the child in a timely manner. I certify that the local emergency contact I have designated is known to me and is 18 years of age or older.

Printed name of parent/guardian: _____ Phone _____

Signature of parent/guardian: _____ Date _____

Emergency contact information:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____



Name of Student _____ Phone # _____

Date of Birth _____ Dixie Tech Student ID# _____

PHOTOGRAPHY/VIDEO CONSENT

Occasionally, Dixie Tech may photograph/video students for use in catalogues and brochures and on its informational website.

- I hereby consent to the use of my name, photo, video and audio for the purposes of advertising and promoting Dixie Tech programs. I waive the right to approve any such publicity or promotional materials and understand that I will receive no compensation for my consent.

Signature _____ Date _____

- I do not want photographs/video of myself to be used for informational or promotional materials.

Signature _____ Date _____

MEDICAL TREATMENT/RELEASE OF LIABILITY

I hereby agree as follows:

1. I understand there are potential risks of injury involved with participating in organized educational activities. I agree to assume all risk and responsibilities surrounding my participation in the College program and use of College facilities. I understand that I will be required to adhere to all safety policies and procedures of my enrolled program.
2. In the event that I am injured or ill and become medically unresponsive while participating in a College program and emergency medical treatment is necessary, I hereby consent to be transferred to a hospital emergency room to be seen by a physician. I hereby accept full responsibility for the payment of all costs incurred for such emergency treatment.
3. I hereby acknowledge and agree that Dixie Tech and its employees and agents are not responsible for the kind or quality of emergency medical treatment that I receive.
4. I, on behalf of myself and my heirs, legal representative and assigns, hereby release Dixie Tech, its officers, directors, faculty, staff, volunteers, employees and agents (collectively "Dixie Tech") from any present or future claim, cause of action, loss or liability for injury to person or property, related to participation in the Program and resulting from any incident or cause related to participation in the Program and resulting from any incident or cause, and to hold Dixie Tech harmless therefrom, including any claim for injury or loss caused to a third party.

This document shall be governed and construed under the laws of Utah. If any terms or provision of this release and hold harmless agreement shall be held illegal, unenforceable, or in conflict with any law governing this release and hold harmless agreement, the validity of the remaining portions shall not be affected thereby.

I acknowledge I have read the foregoing document carefully and understand its contents and significance.

Signature _____ Date _____



Student Name (please print): _____

I.D. Number: _____ Birthdate: _____

Program: _____

I hereby authorize Dixie Tech to release, discuss or share information contained in my College record with:

Family Member (Name & Relationship): _____

School Counselor: _____

Sponsoring Agency Case Worker: _____

Employer - Name: _____ Phone Number: _____

Other: _____

I do not authorize Dixie Tech to release, discuss or share any information contained in my College record in accordance with the Family Educational Rights and Privacy Act (FERPA). I understand that I can rescind this in writing at any time by completing a Release of Information Authorization form containing my signature and the date of authorization.

I understand that my student record will be held under strict confidentiality and will only be used for the stated purpose and reviewed by authorized Dixie Tech staff. I understand that I can rescind this authorization in writing at any time by notifying Student Services with a written notice containing my signature.

A photocopy or fax copy of this authorization shall be acceptable and considered as valid as an original signed document. I, as undersigned, acknowledge my understanding of this Release of Information Form. I further understand that this authorization is in effect until it is rescinded in writing.

Student Signature: _____ Date: _____

DIXIE TECHNICAL COLLEGE STUDENT SERVICES

610 S. Tech Ridge Drive, St. George, UT 84770
Phone (435) 674-8400 Fax (435) 674-8450