First Coast Technical College
Your Future Comes First

FCTC Secondary Electives Checklist

01 Check out FCTC.edu to learn more about Secondary Elective options and requirements. If you're a returning Secondary Elective student, please go to Step 5. ☐

02 Consult with your high school counselor regarding your interest in FCTC Secondary Enrollment. ☐

03 Create your FCTC Account. (Instructions below) ☐
My FCTC Student ID # is _____

- Go to: https://fctc.focusschoolsoftware.com/focus/apply/
  - Or scan QR Code below
- Input your legal first name, last name and date of birth. Click the green button to start the account.
- If you receive a message that you are a duplicate student, email recruiter@FCTC.edu & ask what your FCTC Student ID # is.
- You will be directed to another page to input additional information like your personal email, phone #, and program of interest.
- This account allows FCTC staff to communicate with you and upload important information.

SCAN ME

04 **Students with accommodations:**
Ensure your school counselor has securely delivered your accommodation documentation to FCTC Student Advising. See application for instructions. ☐

05 Complete the Secondary Application & return to your high school counselor for submission. Keep deadlines in mind! ☐

06 Check your personal email for updates. Orientation information will come via email if you're on track for enrollment in requested program. ☐

STUDENTADVISING@FCTC.EDU

(904) 547-3282 ▪2980 Collins Avenue ▪ St. Augustine, Florida 32084 ▪ FCTC.edu
Updated 10/20/2025

First Coast Technical College
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2026-27 FCTC Secondary Program
High School Admission Application

Please print clearly and return to:
High School Counselor

Application Deadlines

Fall Term Starting August 2026 – Deadline February 27, 2026
Spring Term Starting January 2027 – Deadline October 16, 2026

Please inform staff of any special services or assistance you may need.
Acceptance into the program will be communicated by your high school counselor.
Incomplete applications will be returned to the student's high school counselor.

Student Legal Name _____ **Student Phone #** _____
First Middle Initial Last (Required)

Student Personal Email (required) _____ **FL Student #** _____

CHECK ALL THAT APPLY

Ethnicity
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino

Race
- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander

Gender
☐ M ☐ F **Date of Birth** _____ (mm/dd/yyyy) **Birth City** _____ **Birth State** _____ (Or country if born outside United States)

Citizenship:
☐ Non-Resident Alien ☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Unknown

Primary Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address (if different) _____ **City** _____ **State** _____ **Zip** _____

County of Residence _____ **Current High School** _____

Primary Language _____

Parent/Guardian Name _____ **Parent/Guardian Email** _____
Please print First Last

Parent/Guardian Contact (Cell) _____ **Parent/Guardian Contact (Work)** _____

Uniforms/safety equipment are required for all FCTC programs. Students must arrive in uniform. **Your FCTC Student ID Badge must remain visible while on FCTC campus.** Failure to comply could result in disciplinary action, suspension, and possible withdrawal from the secondary program. Once enrolled, be sure to review your program's student contract provided to you by your program instructor.

Periods/Credits: Seniors seeking science credit may enroll in Horticulture Science and Services for a minimum of one period.

Attendance: Please visit http://fctc.edu/students/handbook/ to review the student attendance policy.

__Parking passes__ are only available to students who are in a home education/private school, have documented mobility exceptions, attend an evening program, or whose home high school is NOT within walking distance.

IF THE STUDENT IS YOUNGER THAN 18 YEARS, THE PARENT OR GUARDIAN MUST COMPLETE. I hereby certify that the information on this application is accurate to the best of my knowledge. By signing, I am giving my permission for the use of this data included herein in managing the program for which I am registered.

Student Signature _____ **Date** _____

Parent or Guardian Signature _____ **Date** _____

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FCTC Secondary Programs and Periods - Wednesday is early release for St. Johns County students

Periods	Period 00	Period 01	Period 02	Period 03	Lunch	Period 04	Period 05	Period 06
M, T, TH, F	8:00 AM - 9:20 AM	9:20 AM - 10:10 AM	10:15 AM - 11:00 AM	11:05 AM - 11:50 AM	11:50 AM - 12:20 PM	12:25 PM - 1:25 PM	1:30 PM - 2:15 PM	2:20 PM - 3:00 PM
Wed - early release	8:00 AM - 9:20 AM	9:20 AM - 9:55 AM	10:00 AM - 10:35 AM	10:40 AM - 11:15 AM	11:15 AM - 11:45 AM	11:50 AM - 12:50 PM	12:55 PM - 1:30 PM	1:35 PM - 2:10 PM

Student must have at least 2 consecutive periods available in schedule. White space represents class times available.

Program	Period 00 8:00 -9:20 AM	Period 01 9:20 -10:10 AM	Period 02 10:15-11:00 AM	Period 03 11:05-11:50 AM	Period 04 12:25 – 1:25 PM	Period 05 1:30 -2:15 PM	Period 06 2:20 -3:00 PM
Cosmetology **First year students** ***Fall start date only**							
Cosmetology **Returning students**							
Culinary Arts **First year students** ***Fall start date only**							
Early Childhood Education ***Fall start date only**							
Horticulture Science and Services							
Landscape Operations							

Information below is to be completed by High School Counselor

If credits have been previously awarded for the same program of choice, INCLUDE / ATTACH academic transcripts of program ONLY

☐ **Horticulture Science and Services** ☐ **Landscape Operations** ☐ **Culinary Arts** ☐ **Cosmetology** ☐ **Early Childhood Education**

Home Education Student? ☐ **Yes** ☐ **No**

If Yes: Personalized Education Program (PEP) student ☐ **Yes** ☐ **No**

IEP/504 on file? (If yes, attach copy to app or send via Dropbox) ☐ **Yes** ☐ **No**

Is English the students second language? ☐ **Yes** ☐ **No**

If yes, what is first language _____

Student identified as English Language Learner (ELL) ☐ **Yes** ☐ **No**

26/27 SY Grade Level: _____

Periods at FCTC: (Please check) **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐

Semester/Term applying for: ☐ **Fall/Spring** ☐ **Spring Only**

1st Program Choice: _____ **2nd Program Choice:** _____

School of Enrollment Code: _____ **District of Enrollment Code:** _____

When requested program has insufficient enrollment, FCTC reserves the right to cancel class.

School Counselor / Administrator Signature _____ ***Date*** _____

FOR FCTC STAFF

Course Number: _____ Entry Date: _____
Course Number: _____ Entry Date: _____
Course Number: _____ Entry Date: _____
Course Number: _____ Entry Date: _____

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