

PART I



Dual Enrollment Registration Form

Please complete this form and return to your guidance counselor or designated high school official. Incomplete forms will not be processed or may cause delays in registration.

TO BE COMPLETED BY THE STUDENT

NAME: _____ **DATE OF BIRTH:** ___/___/___
LAST FIRST MI

BANNER ID or SS#: _____ **PRIMARY EMAIL** _____

HIGH SCHOOL OF ENROLLMENT _____

SEMESTER OF ENROLLMENT: FALL SPRING **Classification:** 9th 10th 11th 12th

General COS Courses

Course Prefix & #	CRN#

Course Prefix & #	CRN#

INFORMATION SHARING CONSENT: I hereby agree to allow the College of the Sequoias to share any and all admissions, registration and grade information with my high school.

Student's Signature

Date

TO BE COMPLETED BY THE HIGH SCHOOL OFFICIAL

The participating high school confirms that this student meets all eligibility requirements prescribed by the College District and the High School to participate in college-level work. In addition, the High School confirms that the students may benefit in participating in the dual enrollment program; therefore, is granting permission for the student to enroll in the course(s) above.

High School Official Signature

Date

Title of the High School Designee

Phone

PARENTAL/LEGAL GUARDIAN CONSENT

Consent for participation is required for students who are under that age of 18 at the time registration. This consent also serves as an acknowledgement that:

- Their child will be enrolling in college level course(s), in which the grade(s) received will be a permanent part of their child's official college academic history.
- Poor grades received by the student may have far-reaching consequences, which could affect their eligibility for admissions to prospective institutions and federal financial aid.
- Their child is mature enough to handle the rigor of college level work and that the student can meet the expectations set forth by the College.
- Their child may be in classrooms with adult learners from COS.
- In accordance to EC 49061, students under the age of 18 that enroll in courses at a postsecondary institution must grant permission to release education records to parents and legal guardians.

Parent/Legal Guardian Signature

Date

INFORMATION SHARING CONSENT

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student's right of access to education records and the confidentiality of student information. Institutions may not disclose information contained in education records without the student's written consent except under certain conditions. Please specify the parent(s)/legal guardian(s) you wish to grant access to your education record.

I decline to release my information.

I will release my education records to: _____

I acknowledge that if I **decline** to release my information, my parent(s)/legal guardian(s) will not have access to my student records. By **granting access**, I hereby give consent to for my parents, legal guardian or other third party mentioned above to have access to my education record. I understand that the individual will need to present a valid photo ID to release or discuss matters related to my education record. To make any modifications to this consent, I must notify Admissions and Records personnel in writing or in person. I understand that this consent will expire one year after my last semester enrolled.

Student Signature

Date