



# High School Student Registration Authorization

Admissions and Records Office • 1000 W. Foothill Blvd., Glendora, CA 91741-1899 • (626) 914-8511 • [www.citruscollege.edu](http://www.citruscollege.edu)

**\*\*Unless you are a CONTINUING Citrus student, you must also submit an Application for Admission.\*\***

Please use black or blue ink to complete. All areas must be completed; **INCOMPLETE FORMS WILL NOT BE ACCEPTED.** High School students may request to concurrently enroll in college courses with the recommendation of their High School Principal and the approval of Citrus College.

**Student must complete this:**

Student ID Number \_\_\_\_\_

Registration Authorization Request for:      Fall     Winter     Spring     **Summer**       Year 20 18 \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Last                                  First                                  Middle                                  Telephone

**Student's Address:** \_\_\_\_\_

Number                                  Street                                  Apt                                  City                                  Zip

**High School:** \_\_\_\_\_      **Birth Date:** \_\_\_\_\_

(Do not abbreviate)                                  Mo      Day      Year

## Approval of Parent or Legal Guardian

I understand that according to state (ED49061) and federal (FERPA) regulations, parents of a community college student do not have a right to access their child's student records, regardless of whether the student is under the age of 18. In accordance with this regulation, the student's college records will be released to parents only with the written consent of the student.

**Parent Signature** (required): \_\_\_\_\_      **Date:** \_\_\_\_\_

## To be completed by Principal or Designee:

I certify that for summer session only no more than 5% of our students in any one grade level will be recommended for concurrent enrollment at Citrus College.

Courses to be taken should be decided in concert with the school counselor. Students are able to enroll in any degree appropriate courses if the course prerequisite is met. The student shall receive college credit for community college courses that have been successfully completed.

**Indicate student grade level:**  11<sup>th</sup>     12<sup>th</sup>    **Other:** \_\_\_\_\_      **Expected Date of HS Graduation: 20** \_\_\_\_\_

Course Reference Number	Course Number	Course Title	Units	Instructor

**Principal/Designee Name ( Please Print):** \_\_\_\_\_      **Designee Title:** \_\_\_\_\_

**Principal/Designee Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Please note:** The school principal or designee must sign this form. Incomplete forms will not be accepted.

## STUDENT Acknowledgement:

I understand that participating in this special enrollment program provides me with an opportunity to enroll in a college course and to access programs and services available to all Citrus College students. I further understand that I am responsible for knowing and following all college policies and procedures related to academic performance and student behavior as delineated in the Schedule of Classes and the Citrus College Catalog.

**Student Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

## FOR OFFICE USE ONLY:

**Form accepted by:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Entered in SAAADMS by:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **in SFASRPO by:** \_\_\_\_\_      **Date:** \_\_\_\_\_      **in SFAREGS by:** \_\_\_\_\_      **Date:** \_\_\_\_\_