



2014-2015 Course Enrollment Form Parent Consent Form

In order to enroll you in the CCP course, this form must be filled in completely and accurately.

Student Name: _____ **Date:** _____
(use full legal name)

Banner ID: @ _____ **Date of Birth:** _____ **Social Security #:** _____
(@ #####) (mm/dd/yyyy) (##-##-####)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Gender: ☐ Male ☐ Female **Home Phone:** _____ **Cell Phone:** _____

E-Mail Address: _____ **Name of Parent/Guardian:** _____

Name of High School: _____ **Grade:** _____ **Graduation Date:** _____

CCP Course(s) to Be Taken in 2014-2015:

All courses are not available at all high schools. Please check only courses you are taking this academic year.

High School Course Title	College Course Title	Number of Credits

I am agreeing to enroll in the College Career Pathways courses indicated above. I understand that these are collegiate courses, and that receiving college credit will depend on my fulfilling all the requirements of the course.

Student Signature: _____ **Date:** _____

I am giving my son/daughter/custodial child permission to enroll in the College Career Pathways course(s) indicated above.

Parent/Guardian Signature: _____ **Date:** _____
(Tgs wkt gf +)

Please return this form to your high school teacher, guidance counselor, or CCP coordinator

no later tj cp "aa"

.....*j ki j 'uej qqnc uki pu'f cvg'pqv\q'gzeggf 'F gego dgt '44. '4236+.....'.....