



Dual Enrollment Registration Form

STATE CENTER COMMUNITY COLLEGE DISTRICT
FRESNO • REEDLEY • MADERA • OAKHURST • CLOVIS

Step 1: STUDENT INFORMATION

Name: _____ College Student ID #: _____

High School: _____ Grade Level: _____

I am submitting this approval form for the following semester and year:

FALL SPRING SUMMER 20__ __ For the _____ Campus

Step 2: HIGH SCHOOL APPROVAL

5 Digit Course #	Course Title	Units
Total		

Accommodations for students with disabilities are by regulation different for college classes than for high school classes. If you are a student with a documented disability (i.e., IEP, 504 plan, etc.) and/or you would like to know about accommodations available for the college course for which you are enrolling, or to request a copy of the **Dual Enrollment for Students with Disabilities-Technical Assistance Guide**, please contact Disabled Students Programs and Services (DSP&S) at 325-5230 (Clovis Community College), 442-8237 (Fresno City College), or 638-3332 (Reedley College).

High School Principal / Counselor- by signing below you acknowledge the following:

- I have reviewed the academic record of the above-named student and certify that the student demonstrates adequate preparation in the course(s) listed and can benefit from advanced scholastic education. (Education Code 48800 (a))
- SUMMER ONLY: I certify that I am limiting the number of recommendations to no more than five percent of the total number of pupils who completed the grade immediately prior to the time of the recommendation for summer session. (Education Code 48800 (d))

High School Principal Signature: _____ Print Name: _____
 High School Counselor Signature: _____ Print Name: _____
 Date: _____ Contact Phone: _____

For Office Use Only:

Student is participating in an AB 288 pathway (15 unit maximum)

A&R: Registered STMC SPRO/Dual.HS program Date Entered: _____ By: _____

Step 3: STUDENT AGREEMENT

By signing and initialing below you acknowledge you have read and understand the following:

- All SCCCD Dual Enrollment students are responsible for complying with the rules and regulations of the college as published in the FCC/RC/CCC catalog(s) and schedule(s) of classes. Please review these rules and regulations with your parent or guardian to ensure you have a successful experience.
- Grades: By participating in a dual enrollment course you are creating a college transcript.** The grade(s) you earn in your SCCCD class(es) will become a part of your official college academic record.
- Students participating in Dual enrollment must make satisfactory academic progress (minimum cumulative GPA of 2.0 and completion of 51% of courses attempted) to maintain eligibility for financial aid when they begin college as a post graduate student (after high school graduation).
- I understand that SCCCD will release my final grades to my high school registrar. Under Section 49061 of the Education Code, my college records will only be released to parents with my written consent. (Family Educational Rights and Privacy Act (FERPA)). Authorization for Release of Information form may be obtained at Admissions & Records.
- Students with Disabilities Accommodations:** I have read the statement regarding DSPS accommodations on the reverse side.

Please note: The College has the right to restrict enrollment for reasons of health and safety, preparedness of the student, availability and college board policy. (References- California Education Code: Sections 48800-48802, 76001, 76300)

Student Signature: _____ **Print Name:** _____ **Date:** _____

Step 4: PARENT AGREEMENT

By signing and initialing below you acknowledge you have read and understand the following:

- Student Records:** Under Section 49061 of the Education Code (FERPA), parents of community college students do not have a right of access to their children's student records, regardless of whether the student is under the age of 18. In accordance with this regulation, students' college records will be released to parents only with the written consent of the student. Authorization for Release of Information form may be obtained at Admissions & Records.
- Contacting Instructors:** Your student is enrolled in a college course and it is important to understand that instructors work directly with students, as opposed to the type of parent interventions you may be accustomed to at the high school level. Under FERPA instructors are not required to discuss student performance or other student-related issues with parents.
- Course Content/ Material:** Dual enrollment courses are taught to the rigor of a college course. Students will be using the same textbooks and syllabi as they would if they were taking a class on a college campus. As such, please be aware that discussion topics and course materials are generally designed for adult students and may not be appropriate for younger students.
- Students with Disabilities Accommodations:** I have read the statement regarding DSPS accommodations on the reverse side.
- Your son/daughter will receive no special consideration because s/he is a high school student and will be subject to the rules, regulations, and policies of the State Center Community College District.**

Parent / Guardian Signature: _____ **Print Name:** _____ **Date:** _____



High School Name _____

Class Name and Number _____

STATE CENTER COMMUNITY COLLEGE DISTRICT

AUTHORIZATION TO RELEASE STUDENT INFORMATION (FERPA) FORM

STUDENT NAME: _____
Last First MI

STUDENT ID#: _____

ADDRESS: _____
Street Address APT

City ST ZIP

PHONE #: _____
Include area Code

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student records, both financial and academic. For your protection, FERPA limits release of student record information without your written consent. For Financial Aid records, it gives your parents the right to review those records if they claim you as a dependent on their federal income tax return. The Financial Aid Office must have a signed copy of their most recent tax return on file in the Financial Aid Office.

I, the undersigned, authorize the release of all information concerning my student account, academic and financial aid records to the individual(s) listed below. I understand that if I choose to cancel this authorization, I must provide a written notice to the Admissions and Records Office. This does not affect any information released by the District prior to receipt of the cancellation request. If I wish to have my educational and financial records released to any person(s) not listed below, I must complete a new FERPA Release Form.

Name	Relationship to Student	SSN (last 4 digits)	Telephone Number

Before any of your student information is released, the above person(s) must be able to verify their relationship to you, the last four digits of their own social security number, and all of the following information about you:

- Full name
- Current Mailing Address
- Social Security number
- Date of birth

By signing this document, you give consent to release your educational and financial information to the individual(s) listed above. This consent applies to educational records that may otherwise be protected under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by, 20 U.S.C. 1232g.

Requests for information about grades, transcripts, or academic standing will be referred to the Admissions and Records Office. Requests for information about tuition, fees, campus housing charges, meal plan charges and other student account information will be referred to the Business Services Office. This release does not apply to information regarding your Veterans' Educational Benefits – The Financial Aid Office will only release Veteran's Educational Benefits information to the recipient.

STUDENT SIGNATURE: _____ **DATE:** _____

This form submission must be accompanied by the student's government issued photo ID with student's signature.