School Consent Form

Terra State Community College

Date



This form must be completed and returned to Terra State with the most current, unofficial high school transcript before student's enrollment will be approved.

Name	
	First Middle Initial
Applicant is:	Phone:
☐ A new College Credit Plus student	Local School:
☐ A continuing (returning) College Credit Plus student	Tech Prep (if applicable):
Applicant's class status for the year they plan to participate in	College Credit Plus
☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman	□ 8 th □ 7 th
The applicant and parent/guardian verify that the information given The applicant gives permission to the College to release academic enrollment, grades, schedule, attendance, and behavioral conduct	information, orally or in the form of written record, concerning their
I agree to abide by all policies, regulations, and procedures of the Cadvisors to process any scheduling and/or academic changes.	College, including contacting guidance counselors and College
Signature of Applicant	Date
Signature of Custodial Parent/Guardian	Date
Parent Email (this email will be only used by CCP Advisors for This section to be comp	communication and updates) bleted by high school counselor.
Applicant's SSID (REQUIRED):	Has Applicant taken the ACT? ☐ Yes ☐ No (If yes, please include a copy of their scores with the application)
Applicant's current high school cumulative GPA	from the high school)
Where does Applicant intend to take classes?	pus ☐ Online ☐ Both ☐ At local school (if applicable)
List courses applicant is interested in completing at Terra Stat	te Community College
Course Preference List	High School Graduation Requirement (yes/no)
I verify the above information to be accurate to the best of my	v knowledge.
Signature of High School Counselor	

2018-2019

10.18.17