GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT

High School/College Credit Dual Enrollment Application

IMPORTANT INFORMATION:

A <u>new form must be</u> completed and <u>submitted each semester</u> prior to class enrollment. If you choose to attend both Cuyamaca College and

Grossmont College, a <u>separate</u> HS/CC Enrollment Authorization <u>Form</u> <u>must</u> be <u>submitted to each</u> college.		Received By:	Received By:	
▼ THIS SECTION MUST BE COMPLET	FED BY THE STUDENT - P	lease read carefully an	d sign below ▼	
Request attendance for: Cuyamaca Colle	ege Grossmont C	ollege		
Year:	Semester (mark or	e): Fall S	oring Summer	
Student Name: (Please PRINT) Last	First	Middle	GCCCD I.D. Number	
,		Mildalo	()	
Student Address: Number & Street	City/State	Zip Code	Phone	
High School Currently Attending:			1 1	
			Date of Birth	
Are you participating in a Home School program?	Yes No Progra	n Offered by:		
High School Address :(Please provide an address homeschooled, please provide a copy of the A				
at the time of submitting this form. An update				
Number & Street	City/State		Zip Code	
I will only enroll in courses recommended by my high conditions associated with college enrollment. I have rabide by them.				
X		Date:		
Student's Signature		•		
▼ THIS SECTION MUST BE COMPLETED	BY THE HIGH SCHOOL C	OUNSELOR OR SITE A	ADMINISTRATOR ▼	
Enrollment Type (check all that apply): CCAP	Non-CCAP Concur	ent Enrollment 🔲 Mi	ddle College	
**Please see definition of terms on attached in	fo sheet to determine enr	ollment type.		
DESIRED COURSES LIST See current GCCCD class schedule for specific course information. Course approval does not guarantee a seat in class.				
Course Title	Course number	Section Number (4 di		
Land Control of the c	u- Oth Aoth	10th	ning day of 0	

I certify that the above student is currently enrolled in the 🔲 9th 🔲 10th 🔲 11th 🔲 12th grade at the opening day of the session of attendance. Expected high school graduation date is: _ _. I have determined that the above student has the ability to benefit from "advanced scholastic or vocational work" and is attending high school for at least the minimum high school day as defined by Education Code 48800.5-48802 and 76000-76002.

total of 15 units), and that state law places a limit on the number of HS/CC students who may enroll in College Exercise Science classes (10%). As required by California Ed Code 48800.5, 76001, 76002, student enrollment cannot exceed the 5% limit for total cohort summer enrollment. My signature below certifies compliance with all of these requirements: Authorized by (name/ title): Phone: (Signature of High School Counselor or Principal ▼ PARENTAL SIGNATURE REQUIRED FOR ALL HIGH SCHOOL/COLLEGE CREDIT STUDENTS ▼ My signature below denotes that I am the parent or legal guardian of the student listed above, that I understand and accept the following terms and give my consent for his/her enrollment at Cuyamaca/Grossmont College: • All classes taken at Cuyamaca/ Grossmont are for college credit and will be a permanent part of the student's college transcript. • Each high school may determine if college coursework will be used for high school credit. • Students MUST meet all academic and conduct standards set by the college (see college catalog), as well as the expectations and responsibilities detailed in the pages attached to this form. At the postsecondary level, parents have no inherent rights to inspect a student's education records. The right to inspect is limited solely to the student. • Under the Family Rights and Privacy Act (FERPA), college instructors may not discuss student performance with parents. Parents may communicate with the High School Principals and staff regarding high school status ONLY. · College curriculum and course content is not modified for high school students. However, high school students with an Individualized Education Program (IEP) or 504 Plan taking Cuyamaca College courses can access support services and accommodations at the Cuyamaca College Disabled Students Programs and Services (DSPS) office. I acknowledge that my minor child/legal ward can receive emergency first aid treatment in the event that it is required on District property. I also acknowledge that they may receive non-emergency services (first aid, health counseling) at the Health Services Department at Cuyamaca and Grossmont Colleges. Parent/Guardian Signature: X Date: ▼ AUTHORIZATION TO RELEASE EDUCATION RECORD – TO BE COMPLETED BY THE STUDENT (OPTIONAL) ▼ Print Full Name GCCCD Student ID Number Hereby authorize GCCCD to release the following specific educational records and information: **Enrollment information, schedule and grades** (Name of High School ONLY) This authorization will be effective beginning ______ through _____ I understand that I (1) further have the right **not** to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, delivered to the Cuyamaca or Grossmont Admissions and Records Office. Any such revocation shall not affect disclosure previously made by Cuyamaca or Grossmont College prior to the receipt of any such written revocation. X
Signature of Student (required)

I also understand that students are limited to a maximum of 11.5 units per semester, unless within a CCAP agreement (4 courses for a

This information is being released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

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