Application Process for Collegiate High School
(Grades 10-12)

Prospective students must take a National ACT or Residual ACT with sub scores of English (18) or higher, Math (19) or higher, Reading (19) or higher and Composite (19) or higher.

Students can take the Residual ACT at Chattanooga State. Please contact Antoinette Dobbs-Taylor (423-697-4492) to pick up a test ticket. Cost of the test is $45.00.

- The following items can be found on the https://chscs.hcde.org website (link-high school);
  - Collegiate High Application
  - Teacher Recommendation
  - Counselor Recommendation
  - Parent/Student Agreement
- Official High School Transcript
- Attendance Record
- Discipline Record

Items Required for Collegiate High – Post Committee Review/Interview

- Chatt. St. Appl. (paper application) Application must be received prior to Advising appt.
- Hep. B Form- (Chatt. St. form)
- Health record-(immunizations)
- Copy of Birth Certificate
- Copy of Social Security Card
- Notice Of Nondiscrimination Form
- Complete HCDE online application
  https://www.hcde.org/parents students/online_registration

Applications can be faxed (423-697-2676), emailed Antoinette.taylor@chattanoogastate.edu,
Mailed to Collegiate High, 4501 Amnicola Highway, CAT-75, Chattanooga, TN 37406, or
Dropped off at our office (CAT Building room 75).
COLLEGIATE HIGH APPLICATION FORM

Please check:
First admission ( )
Re-admission ( )

1. Complete Application
2. Sign Application
3. Return Application to Collegiate High Office

APPLICANT INFORMATION

Social Security Number ________________________________ Birth Date: Month ___ Day ___ Year ___

Full Legal Name: (as shown on Social Security Card)
Last ___________________________ First ___________________________ Middle ___________________________
Jr., III, etc. ___________________________________ Previous Name(s) __________________________

Permanent Address: (do not list a P. O. Box)
Street ___________________________ Apt. No. (Required) ___________________________
City ___________________________ State ______ Zip ______ County __________________________

E-mail (required) ___________________________

Home Phone ( ) ___________________________ Cell Phone ( ) ___________________________ Business Phone ( ) ___________________________

Mailing Address: (if different from permanent address)
P. O. Box ___________________________ Street ___________________________ Apt. No. (Required) ___________________________
City ___________________________ State ______ Zip ______ County __________________________

Legal Guardian Emergency Contact:
Last Name ___________________________ First ___________________________ Middle ___________________________
Relationship ___________________________

Home Phone ( ) ___________________________ Cell Phone ( ) ___________________________ Business Phone ( ) ___________________________

SCHOOL INFORMATION

( ) Current School Name ___________________________ Anticipated Graduation Date ___________________________

City ___________________________ State ______ Current Grade __________________________

LIST ALL DUAL ENROLLMENT CLASSES

Complete Name of College ___________________________ City, State __________________________

Dates Attended ___________________________ to ___________________________

Degree Earned ___________________________

_________________________

_________________________

_________________________

_________________________

Were you suspended or academically dismissed from the last high school you attended?

Suspended: Yes ( ) Date ___________________________ No ( )

Academically dismissed: Yes ( ) Date ___________________________ No ( )

CLASSIFICATION

Area of Study ___________________________ Registration Type - Check One ___________________________

( ) Fall
( ) Spring

Term You Plan to Enter ___________________________

Year 20 ___________________________

--- please continue to reverse side ---
GENDER, ETHNIC ORIGIN, CITIZENSHIP

<table>
<thead>
<tr>
<th>Gender</th>
<th>Ethnic Origin</th>
<th>Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Alaskan Native</td>
<td>U.S. ( ) Yes ( ) No</td>
</tr>
<tr>
<td>F</td>
<td>Native Hawaiian or</td>
<td>If &quot;No,&quot; country of citizenship, ________</td>
</tr>
<tr>
<td></td>
<td>American Indian</td>
<td>Visa type or registration number</td>
</tr>
<tr>
<td></td>
<td>Other Pacific Islander</td>
<td>Non-U.S. citizens must present Visa or Registration Card in person.</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>( ) White</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Black or African-American</td>
<td></td>
</tr>
</tbody>
</table>

Do you consider yourself to be of Hispanic, Latino or Spanish Origin? ( ) Yes ( ) No

SELECTIVE SERVICE INFORMATION

The State of Tennessee requires eligible male applicants to be registered with the Selective Service prior to enrolling in state colleges and universities.

I am registered ( ) Yes ( ) No

I am not required to register with Selective Service because:

( ) I am male
( ) I am not under 18 years of age
( ) I am 26 years of age or older
( ) I am not a United States citizen, permanent resident, resident alien or immigrant

You may register with selective service or check your registration status at http://www.sss.gov.

MILITARY INFORMATION

If applicable, please answer the following questions:

Are you a United States military veteran? ( ) Yes ( ) No

Are you active military? ( ) Yes ( ) No

Do you plan to use your VA educational benefits? ( ) Yes ( ) No

( ) I choose not to disclose military information.

LANGUAGE PROFICIENCY

Is English the first language you learned to speak and read? ( ) Yes ( ) No

Applicants whose native language is not English must satisfy language proficiency requirements.

IMPORTANT INFORMATION

The Tennessee Eligibility Verification for Entitlements Act (EVUEA) became effective on October 1, 2012. The EVUEA requires state public institutions of higher education to verify that persons seeking a "state public benefit" are either a "United States citizen" or "lawfully present" in the United States. Beginning with the Spring 2013 term, we are required to verify the citizenship or lawful presence of students who apply for admission to the college.

If accepted as a student at this institution, there are certain performance tests you will be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by the institution. In those instances where tests are administered by an external entity, you hereby agree for the results of such tests to be released to the institution. The purpose of this requirement is to comply with the State Legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. If you are under twenty-one years of age and are required by institutional policy to complete COMPASS and/or ASSET exams, your scores on these tests and course placement may be reported to your high school for research purposes. Any test scores will be treated confidentially as required by law.

I understand that acceptance as a degree student requires submission of a copy of my official high school transcript or GED/HIGET scores, all official college transcripts, and ACT and/or placement scores.

I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the College or subject to immediate dismissal without refund of fees. I certify that all statements given are correct and complete.

I understand that in the event the services of a collection agency or an attorney are required in order to collect the unpaid balance, I shall be responsible for payment of collection fees or attorney's fees and court costs.

Signature ___________________________ Social Security Number ______/______/______

*Social Security number disclosure is voluntary for admission purposes; however, only the Social Security number may be used as an identifier for grants, loans, campus employment, and other financial aid programs according to federal regulations. If you fail to furnish your correct SSN or ITIN to Chattanooga State, you are subject to a penalty of $50 unless your failure is due to reasonable cause and not to willful neglect. The student's Social Security number will not be disclosed to individuals or agencies outside Chattanooga State, except in accordance with the institutional policy on student records.

Pub. No. 01-44-2002001-008-041515-0 - Form 204 Rev 9/14 - PDF - Chattanooga State Community College is an AA/EO Employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of Affirmative Action Office, 4501 Amnicola Highway, Chattanooga, TN 37402, 423-697-4577.

Chattanooga State Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, (SAC), 1866 Southern Lane, Decatur, GA 30033-4097, phone (404) 679-4500.
Collegiate High Enrollment Application
Collegiate High at Chattanooga State Office • OMNI-21
4501 Amnicola Highway • Chattanooga, TN 37406

Student________________________ Last Name________ First Name________ M.I.________

Address__________________________

City________________________ State________ Zip________

Current School________________________ Grade________ 10th 11th 12th

Age________ Date of Birth______ Social Security #________

Male____ Female____ Racial/Ethnic Identification________________________

Home phone________________________ Cell Phone________________________

Parent(s)/Guardian(s)

Name________________________ Home Phone________________________

Cell Phone________________________ Work Phone________________________

Name________________________ Home Phone________________________

Cell Phone________________________ Work Phone________________________

---

Please attach a copy of your current transcript and your most recent ACT or SAT scores.

What is your overall GPA? _______ What was your last semester's GPA? _______
Are you in good standing at your present high school? _______ Please explain any unusual circumstances.

---

If you are selected to attend Collegiate High at Chattanooga State you will be responsible for your own transportation. How do you plan to get to and from Chattanooga State?

---

Traditional School Schedule:
My high school operates on a block schedule____ or on a traditional schedule____ (please mark one).

Currently enrolled the following classes:

---

Why do you want to enroll in the Hamilton County Collegiate High at Chattanooga State?

---

Page 1 of 2
NOTICE OF NONDISCRIMINATION

It is the policy of the Hamilton County Board of Education not to discriminate on the basis of sex, race, national origin, creed, age, or religion in any of the programs or practices in the school system. A complaint may be filed by anyone who has a grievance regarding discrimination as set forth in one of the following statutes: (1) The Rehabilitation Act of 1973, Section 504; (2) Title VI of the Civil Rights Act of 1964; or (3) Title IX of the Educational Amendments of 1972. The school system encourages each reporting party or complainant to use the complaint form available from the principal of each school or available from the central office location.

Parents, guardians, and students are requested to sign and date this form. A signature acknowledges receipt of the Non-discrimination Policy and grievance procedure.

Mrs. Nancy Reed/Gloria Moore
Title VI and IX Coordinator
3074 Hickory Valley Road
Chattanooga, TN 37421
(423) 209-8590/209-8589

Parent Signature

Date
Collegiate High Parent/Student Agreement

- All students at Chattanooga State Community College, including Collegiate High at Chattanooga State students, have open and unlimited access to the Library and the Internet (Note: ChSCC has no Internet filters). Some classes may include adult subjects.
- Chattanooga State has a unique and diverse student population. Collegiate High students will be attending classes with other students who range in age from 14 and older.
- Parents should contact the Collegiate High office if they need academic information, as professors are prohibited from discussing a student’s information with anyone other than the student.
- Parents are responsible for textbooks distributed by the Hamilton County Department of Education and for the purchase of books for college courses.
- Grades will be held if students do not return books or other property. Parents will reimburse the college for lost, damaged, or stolen property.
- Chattanooga State has permission to release student grades through e-mail to the Hamilton County Department of Education. (E-mail is not always a secure medium.) Midterm grades will be given to parents at the half point of each semester. If student’s grade point average is less than or equal to a 2.0, the student will receive academic probation and parent/guardian will be required to meet with the administration. If grades are not satisfactory by the end of the semester, the student will not be allowed to continue the program.
- Final high school transcripts will be released to Chattanooga State Admissions and Records.
- The student has permission to use the Career Services and Counseling Center at Chattanooga State.
- Students are expected to follow Chattanooga State Community College policies as outlined by the Chattanooga State student policies and Hamilton County student policies.
- Fees must be paid before classes begin each semester; the deadline must be met. This is to prevent loss of schedule.
- Students/parents will not be permitted to register/drop/add classes without advisement from the Collegiate High counselor or principal.
- We do not recommend online college courses for Collegiate High students because of the pace, rigor, and limited interaction and availability of professors. In our experience, the tendency for students to procrastinate has resulted in lower grades and/or failure to succeed in the course. Seniors who request an online course must have written permission from the parent, approval by the Collegiate High principal, have near perfect attendance, and have a 3.5 or higher GPA. If approved, online courses are limited to one course per semester.
  - Online courses can only be used for college credit requirements but cannot be used for high school credit.
- Upon admission to Collegiate High, students must provide a final transcript from his/her previous school.
- Students must participate in a Collegiate High orientation prior to their first semester.
- Students must meet the graduation requirements set forth by Hamilton County Schools.
- Students are expected to:
  1. Attend classes as scheduled and to be prepared for class.
  2. Sign in daily at the Collegiate High office. (HCDE Attendance Policy)
  3. Exhibit appropriate behavior and attitude in class and on campus.
  4. For freshmen and sophomores, the number of college credit hours varies. Juniors and seniors are required to take a minimum of 12 college credit hours.

I have read the policies and procedures of Chattanooga State and understand that by becoming a Collegiate High at Chattanooga State student, I must abide by HCDE and Chattanooga State's rules and policies. As a dependent of my parents, I give Chattanooga State permission to release any information regarding my grades, attendance, academic standing, disciplinary action, financial obligation, or any other aspect of my student life to my parents or legal guardian.

Student's Signature ____________________________ Date ____________________

I have read the policies and procedures above and understand that by allowing my child to participate in Collegiate High and Chattanooga State, I am responsible for following the policies as well as the academic calendar of the high school and the college.

Parent/Guardian Signature ____________________________ Date ____________________
Hamilton County Collegiate High at Chattanooga State
Counselor/Teacher Recommendation Form

To: ____________________________ School: ____________________________

From: ___________________________ School: ___________________________

Phone: (Student) __________________ (Parent/Guardian) ________________

Email: ____________________________

I have applied for admission to the Collegiate High at Chattanooga State and been asked to provide a teacher reference. Would you please complete the section below and return it to Chattanooga State Collegiate High Office, OMNI-21, 4501 Amnicola Highway, Chattanooga, TN 37406.

Your prompt response will be greatly appreciated since a teacher recommendation is a critical part of the admissions process. Your comments will be kept confidential and will not be revealed to the applicant.

Counselor/Teacher Name: ____________________________________________

How long have you known the applicant? ________________________________

Please check the qualities that best describe this student:

___ bright/intelligent
___ demonstrates strong artistic abilities
___ desires more freedom or independence
___ shows leadership abilities
___ consistent in academic effort
___ organized time management
___ mature
___ works independently

___ capable of performing at a higher level
___ seeks academic challenges
___ participates in class discussions
___ eager to join the "adult world"
___ good conduct
___ shows interest in learning
___ responsible
___ punctual

Please evaluate the student's current overall performance in each category:

Attendance (include tardies): ______ excellent ______ good ______ fair ______ poor ______ inconsistent

Classroom Attitude: ______ excellent ______ good ______ fair ______ poor ______ inconsistent

Class Work: ______ excellent ______ good ______ fair ______ poor ______ inconsistent

Discipline: ______ excellent ______ good ______ fair ______ poor ______ inconsistent

A college environment: ______ excellent ______ good ______ fair ______ poor ______ inconsistent

Counselor/Teacher Signature: ____________________________ Date: ________________

Use the back of the sheet for additional comments.
Hamilton County Collegiate High at Chattanooga State
Counselor/Teacher Recommendation Form

To: __________________________ School: __________________________
From: ________________________ School: __________________________
Phone: (Student)______________ (Parent/Guardian) ________________
Email: ________________________

I have applied for admission to the Collegiate High at Chattanooga State and been asked to provide a teacher reference. Would you please complete the section below and return it to Chattanooga State Collegiate High Office, OMNI-21, 4501 Amnicola Highway, Chattanooga, TN 37406.

Your prompt response will be greatly appreciated since a teacher recommendation is a critical part of the admissions process. Your comments will be kept confidential and will not be revealed to the applicant.

Counselor/Teacher Name: __________________________
How long have you known the applicant? ________________

Please check the qualities that best describe this student:

___ bright/intelligent  ___ capable of performing at a higher level
___ demonstrates strong artistic abilities ___ seeks academic challenges
___ desires more freedom or independence ___ participates in class discussions
___ shows leadership abilities ___ eager to join the "adult world"
___ consistent in academic effort ___ good conduct
___ organized time management ___ shows interest in learning
___ mature ___ responsible
___ works independently ___ punctual

Please evaluate the student's current overall performance in each category:

Attendance (include tardies): _______excellent _______good _______fair _______poor _______inconsistent
Classroom Attitude: _______excellent _______good _______fair _______poor _______inconsistent
Class Work: _______excellent _______good _______fair _______poor _______inconsistent
Discipline: _______excellent _______good _______fair _______poor _______inconsistent
A college environment: _______excellent _______good _______fair _______poor _______inconsistent

Counselor/Teacher Signature: __________________________ Date: __________________________

Use the back of the sheet for additional comments.
For more information about these diseases and the vaccine schedule, please contact your local health care provider.

Date

Parent/Guardian must sign if student is under the age of 18

Signature of Parent/Guardian

Signature of Student

I hereby certify that I have read this information and

[ ] have elected to receive the MMN and Varicella vaccines.

[ ] have elected not to receive the MMN and Varicella vaccines.

[ ] have read the entire series of the MMN and Varicella vaccines.

[ ] I hereby certify that I have read this information and

[ ] have elected to receive the Hepatitis B vaccine.

[ ] have elected not to receive the Hepatitis B vaccine.

[ ] have read the entire series of the Hepatitis B vaccine.

[ ] I hereby certify that I have read this information and

Vaccines

You can protect against these diseases with safe, effective vaccines. For more information, contact your local health department or your primary care provider.

Mumps, Rubella (MMR) and

Varicella

Mumps, Rubella (MMR) and

Varicella

Hepatitis B (HBV) Immunizations

By law, providers must get written consent for the vaccine. The law does not require these students to receive the required immunizations. The institution is not required to provide this information.

I hereby certify that I have read this information and

[ ] have read the entire series of the Hepatitis B vaccine.

[ ] I hereby certify that I have read this information and

[ ] have elected to receive the Hepatitis B vaccine.

[ ] have elected not to receive the Hepatitis B vaccine.

[ ] have read the entire series of the Hepatitis B vaccine.

[ ] I hereby certify that I have read this information and

[ ] have elected to receive the Hepatitis B vaccine.

[ ] have elected not to receive the Hepatitis B vaccine.

[ ] have read the entire series of the Hepatitis B vaccine.

[ ] I hereby certify that I have read this information.

TO BE COMPLETED BY NEW APPLICANTS ONLY

Last Name:
First Name:
M#:
A#:

(All students under 18 Must Complete)

Immunization Health History Form
# Chattanooga State Early College Acknowledgment Form

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Semester: Fall/Spring/Summer (Circle One)</th>
<th>Year: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you a new or returning Early College Student? New / Returning (Circle One)</td>
<td></td>
</tr>
<tr>
<td>Student Legal Last Name:</td>
<td>Student Legal First Name:</td>
</tr>
<tr>
<td>Student Email:</td>
<td>Student Phone Number: (_______)</td>
</tr>
<tr>
<td>Student High School:</td>
<td>Chattanoogan State ID (Example: A00000000):</td>
</tr>
<tr>
<td>OR Social Security #:</td>
<td><strong>Student Date of Birth:__________</strong></td>
</tr>
<tr>
<td>Have you applied for the DEG (TN Dual Enrollment Grant) for this academic year? Yes / No (Circle One)</td>
<td></td>
</tr>
<tr>
<td><strong>If you will turn 18 before classes begin, please attach a copy of a valid state ID card/driver license.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>If you are a male who will turn 18 before classes begin, attach a copy of your Selective Service Registration.</strong></td>
<td></td>
</tr>
</tbody>
</table>

## STUDENT ACKNOWLEDGEMENTS

By signing this acknowledgment, I agree that I understand the following:

- Early College students must abide by the rules and regulations of both the high school and the college.
- Early College courses have the same rigor and pace as traditional college courses and course materials, lectures, etc., are geared toward mature and responsible students.
- I must ensure the course(s) selected will fulfill graduation requirements.
- Early College courses appear on the student's college transcript as well as the high school transcript. The grading scale for high school classes may differ from that of the college.
- I will officially withdraw through the Early College office from any course in which enrolled and decide not to complete. Failure to withdraw within the appropriate time period can result in a grade of "F" for the course.
- Early College students are responsible for fulfilling all course requirements that require textbooks, online activity and use of other academic resources.
- Payment of tuition and fees is required before students can attend class.
- I understand grades, attendance, and any other academic information will be provided to the high school as part of this agreement.
- I understand the initial registration may change as deemed necessary by the Chattanooga State Early College Office in partnership with the high school.
- In most cases, I must be at least college level according to accepted standardized test scores.
- Chattanooga State's Office of Disabilities Support Services will coordinate accommodations with the high school's special education department for any student taking an Early College course on a high school campus who may have special educational needs. To determine eligibility for these services, please contact your HS counselor or Chattanooga State's Disabilities Support Services.

Student Signature: ____________________________ Date: __________

## STUDENT AUTHORIZATION TO DISCLOSE EDUCATIONAL RECORDS TO PARENT/GUARDIAN (Optional)

In acknowledgement of the Family Educational Rights and Privacy Act of 1974 (FERPA), I give Chattanooga State's Early College permission to discuss my grades, attendance, academic standing, disciplinary action, financial obligations, or any other aspect of my student life with my parents or legal guardians while I am a dual enrollment student.

Disclose Records to (individual’s name): __________________________ Relationship to Student: __________________

Records to be disclosed: (Please initial all that apply.)

- [ ] All educational Records  - [ ] Bursar Records
- [ ] Financial Aid Records  - [ ] Grades
- [ ] Other (explain): __________________________

Student Signature: __________________________ Date: __________
IMMUNIZATION HEALTH HISTORY

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provides information concerning measles, mumps, rubella, varicella, and hepatitis B infections to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about these diseases. The required information below includes the risk factors and dangers of these diseases as well as information on the availability and effectiveness of vaccines for persons who are at-risk for these diseases. The information concerning each disease is from the Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA). The law also requires that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine. You can protect against these diseases with safe, effective vaccination. For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention website at www.cdc.gov/health/default.htm.

Hepatitis B (HBV) Immunization

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The Hepatitis B vaccine has a record of safety and is believed to confere lifelong immunity in most cases.

STUDENT - CHECK ONE OPTION:

☐ I hereby certify that I have read this information and I have had the entire series of the Hepatitis B vaccine.

☐ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

☐ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or am in the process of receiving the complete three-dose series of the Hepatitis B vaccine.

Measles, Mumps, Rubella (MMR) and Varicella Immunizations

Measles, causes fever, rash, cough, runny nose, and red, watery eyes. Complications can include ear infection, diarrhea, pneumonia, brain damage, and death.

Mumps causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen salivary glands. Complications can include swelling of the testicles or ovaries, deafness, inflammation of the brain and/or tissue covering the brain and spinal cord (encephalitis/meningitis), and, rarely, death.

Rubella causes fever, sore throat, rash, headache, and red, itchy eyes. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Varicella (chickenpox) causes itchy rash, itching, fever, and tiredness. Complications can include severe skin infection, scars, pneumonia, brain damage, or death. You can protect against these diseases with safe, effective vaccination.

STUDENT - CHECK ONE OPTION:

☐ I hereby certify that I have read this information and I have had the entire series of the MMR and Varicella vaccines.

☐ I hereby certify that I have read this information and I have elected not to receive the MMR and Varicella vaccines.

☐ I hereby certify that I have read this information and I have elected to receive the MMR and Varicella vaccine and/or am in the process of receiving the MMR and Varicella vaccines.

Parent/Guardian Signature: __________________________ Date: __________________________

PARENT/GUARDIAN ACKNOWLEDGEMENTS

Parent/Guardian Name (first and last): __________________________

Parent/Guardian Email Address: __________________________

Parent/Guardian Phone Number: __________________________

- I understand that payment of tuition and fees is required before my student attends class.
- I am responsible for paying all tuition and fees which are due at the beginning of each semester.
  ○ More information on fees can be found at www.chattanogastate.edu/financial/tuition-fees, and I can also have my student access his/her account by logging into Tiger Web.
- I understand that billing statements are sent electronically to the student's college email address as a convenience and that I am obligated to make payment even if I do not receive any reminders.
- Late fees will be added for any re-registration or late payments.
- I have read the rules and regulations for the TNDual Enrollment Grant (DEG) found at https://www.tn.gov/collegepays/money-for-college/in-education-lottery-programs/dual-enrollment-grant.html.
- I understand that any amount above and beyond the initial receipt of $1,200 DEG will be deducted from the first semester of the HOPE scholarship.

By signing this form, I acknowledge that by allowing my child to participate in the Early College Program I will be responsible for following the guidelines and academic calendar of not only the high school, but also of the college. I understand that course content and materials, including lectures, etc., are geared towards mature and responsible students. I also understand that payment of tuition and fees is required before my student attends class.

Parent/Guardian Signature __________________________ Date __________________________