Application Process for Collegiate High School
(Grade 9)

Prospective students must take a National ACT, Residual ACT, or Accuplacer. Chattanooga State offers the Residual ACT and Accuplacer on the main campus. Please contact Antoinette Dobbs-Taylor (697-4492) for test days, times and to pick up a test ticket.

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

Items Required for Collegiate High - Post Interview

- Chatt. St. Appl. (paper application) Application must be received prior to Advising appt.
- Hep. B Form- (Chatt. St. form)
- Copy of Birth Certificate
- Copy of Social Security Card
- Notice Of Nondiscrimination
- 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, Chattanooga, TN 37406, or dropped off at our office (CAT Building, room #75).
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 __________

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 __________________________ Work Phone __________________________

Cell 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?
COLLEGIATE HIGH APPLICATION FORM

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


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________________________________________________________

City ____________________________State____Current Grade_________________________

Anticipated Graduation Date_________________________

LIST ALL DUAL ENROLLMENT CLASSES

Complete Name of College ____________________________

City, State ____________________________

Dates Attended ____________________________Degree Earned ____________________________

[to ] ____________________________

[to ] ____________________________

[to ] ____________________________

[to ] ____________________________

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 ____________________________

Program Code (see opposite page) ____________________________

Registration Type - Check One ____________________________

( ) Collegiate High ____________________________

Term You Plan to Enter ____________________________

( ) Fall ____________________________

( ) Spring ____________________________

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>( )</td>
<td>( ) Alaskan Native</td>
<td>( ) U.S. Yes No</td>
</tr>
<tr>
<td>( )</td>
<td>( ) Native Hawaiian or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>( ) American Indian</td>
<td>( ) If &quot;No,&quot; county of citizenship</td>
</tr>
<tr>
<td>( )</td>
<td>( ) Asian</td>
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<td>( )</td>
<td>( ) Black or African-American</td>
<td></td>
</tr>
<tr>
<td></td>
<td>( ) White</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 female ( ) I am not yet 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 (EVEA) became effective on October 1, 2011. The EVEA 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/HiSET 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 disseminated to individuals or agencies other than Chattanooga State, except in accordance with the Institutional policy on student records.

Pub. No. 9-46-00091-9/06-01/PDF Chattanooga State Community College is a public employer and does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. This notice has been designated to banish inquiries regarding the non-discrimination policies. Director of Affirmative Action Officer, 4501 Amnicola Highway, Chattanooga, TN 37406, 423-697-4457.

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) 679-4501.

Office Use Only

Application Entry: Staff 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 body. Collegiate students may be attending classes with other students who range in age from 14 to 80.
- 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 not greater 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 in the Student Handbook, and Catalog, as well as HCDE student policies.
- Fees must be paid before classes begin each semester; this 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.
- Upon admission to Collegiate High, students must provide a final transcript for his/her previous school.
- Students must participate in a Chattanooga State sponsored 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.

I have read the policies and procedures of Chattanooga State and understand that by becoming a Collegiate High at Chattanooga State student at Chattanooga State, I must abide by the high school's and the college's rules and regulations. 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 the Collegiate High at Chattanooga State program at 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 ________________
# Immunization Health History Form

**For Students Under 18 Must Complete**

<table>
<thead>
<tr>
<th>Measles, Mumps, Rubella (MMR) and Varicella Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B (HBV)</strong> 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 contact with blood and or body fluids. The vaccine is effective in preventing the disease. The vaccine is given in three doses over 6 months. The vaccine is generally provided in the first 12 months of life. The vaccine is also available to all age groups to prevent Hepatitis B virus infection. This is a severe illness and should be sought to complete the series if only one or two doses have been given. The vaccine has a record of safety and is believed to confer lifelong immunity.</td>
</tr>
</tbody>
</table>

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**Date of Birth:**

**Name:**

**A#:**

**Last Name:**

**First Name:**

---

**Signature of Parent/Guardian:**

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

---

**Signature of Student:**

I hereby certify that I have read this information and have elected to receive the Hepatitis B vaccine.

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**Date:**

**For more information about these diseases and the vaccine schedules, please contact your local public health care provider or consult the Center for Disease Control and Prevention website at www.cdc.gov/health/default.htm.**
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.
Hamilton County Collegiate High at Chattanooga State
Counselor/Teacher Recommendation Form

To: __________________________ School: __________________________

From: _________________________ School: _________________________

Phone: (Student) ______________ (Parent/Guardian) ______________

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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
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___ 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 in 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.

Pub. No. 1:76-209001-325-1/468p + Form 136 + 1 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 Officer, 4501 Amnicola Highway, Chattanooga, TN 37406, 423-697-6467.
Parental Notification Form

Parents/guardians are requested to sign and date this form. A signature acknowledges receipt of the Nondiscrimination Policy and grievance procedure.

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 1972, 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 the reporting party or complainant to use the complaint form available from the principal of each school or available from the central office location.

Mrs. Sheryl Randolph
Title VI and IX Coordinator
3074 Hickory Valley Road
Chattanooga, TN 37421
(423) 209-8654

Mrs. Nancy Reed/Gloria Moore
504 Coordinators
3074 Hickory Valley Road
Chattanooga, TN 37421
(423) 209-8590/209-8589

Date__________________ Parent Signature ________________________
Chattanooga State Early College Acknowledgment Form

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

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 provide 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 the American College Health Association. The law does not require 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 Web site 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 HBV vaccine has a record of safety and is believed to confer 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, 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 blisters-like rash, itching, fever, and tiredness. Complications can include severe skin infection, scabs, 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.chattanoogastate.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 TN Dual 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: ___________________________