KISHWAUKEE COLLEGE

Registration/Permission for High School Student Enrollment in College Courses

Fall Semester 20_____ **Spring Semester 20**_____ **Summer 20**_____

Student Kish ID #_____ **Date of Birth**_____

Student Name_____
Last First Middle

Student Address_____

City_____ **State**_____ **Zip Code**_____

Home Telephone_____ **High School**_____

Prefix-Number-Section	Title	Credit Hours	Day/Time
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I have reviewed and approve the above coursework with my high school counselor and parent/guardian. I understand that I am enrolling in college coursework at Kishwaukee College and authorize the release of my academic information to my parent/guardian and high school for purposes related to my participation in Dual Enrollment.

Student signature_____ **Date**_____

I approve my student to participate in Dual Enrollment at Kishwaukee College and agree to pay any applicable tuition and fees. I understand that student records are protected under FERPA and that information regarding FERPA and PPRA rights is available upon request.

Parent/Guardian Signature_____ **Date**_____

High School Administrator, please complete.

The above-mentioned student has my permission to take the courses listed above through Kishwaukee College.

The student will be a ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior during the above semester. ☐ Transcript included

The above courses will be taken for ☐ High School and College credit (Dual Credit) ☐ College credit only (Dual Enrollment)

Are these courses being taken as part of the Early College Program? ☐ Yes ☐ No

High School Principal / Designee_____ **Date**_____

The above information has been reviewed and approved_____
Director of Dual Credit & K-12 Partnerships Date

Please return completed form to: **Student Services Office** **Kishwaukee College**
21193 Malta Road
Malta, IL 60150