



# KISHWAUKEE COLLEGE

## Registration/Permission for High School Student Enrollment in Dual Credit Classes

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 \_\_\_\_\_

I wish to register for the following credit course(s) at Kishwaukee College:

Prefix-Number-Section	Title	Credit Hours	Day/Time
The above course will be taken for <input type="checkbox"/> Dual Credit (high school and college credit) <input type="checkbox"/> Dual Enrollment (college credit only)			
Prefix-Number-Section	Title	Credit Hours	Day/Time
The above course will be taken for <input type="checkbox"/> Dual Credit (high school and college credit) <input type="checkbox"/> Dual Enrollment (college credit only)			
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Prefix-Number-Section	Title	Credit Hours	Day/Time
The above course will be taken for <input type="checkbox"/> Dual Credit (high school and college credit) <input type="checkbox"/> Dual Enrollment (college credit only)			

The above courses will be taken as part of the Early College Program.

I authorize Kishwaukee College to release information related to my academic record to my parent/guardian.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

I approve the student to attend Kishwaukee College for the semester and course(s) above and agree to pay the tuition charged.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**High School Administrator, please complete.**

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

The student's current high school grade point average (GPA) is \_\_\_\_\_ on a \_\_\_\_\_ scale.

The student is a \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

**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**