

I. STUDENT INFORMATION

This section completed by student / parent

Student Name <i>First, Middle, Last</i>	Student's Birthdate <i>Mo./Day/Yr.</i>	Gender M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>
Parent/Guardian Name <i>First, Last</i>		
Address <i>Street, City, State, Zip, County</i>		

Student Phone <i>Area/No.</i>	Student Email (Note: This will be used for communicating registration information.)	
Parent/Guardian Phone <i>Area/No.</i>	Parent/Guardian Email	
High School Student Attends & Projected Graduation Year	School District in Which Student Resides	
Technical College to Which You Are Applying to	Grade Student Will Be in When Taking Courses: (CollEdge Up Early Start Nursing-Sophomores Only) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Number of College Credits Earned to Date

Semester for which applying: <input type="checkbox"/> Spring <input type="checkbox"/> Fall School Year: 20____ - 20____			II. BOARD ACTION <i>Completed by HS district</i>			
Technical College Course Name	Technical College Course Number	No. of College Credits	Comparable HS Course Offered?		Approved for HS Credit	No. of HS Credits
Yes	No					
<input type="checkbox"/> START COLLEGE NOW COURSES REQUEST:						
<input type="checkbox"/> Automotive Maintenance Internship: Must complete Pistons to Pathways to be eligible.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Nursing Pathway: If you are interested in taking any nursing courses, check this box and list courses below:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> COLLEDGE UP COURSES REQUEST:						
<input type="checkbox"/> Early Start Nursing (Sophomores Only)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pistons to Pathways			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

III. STUDENT & PARENT / GUARDIAN SIGNATURES

This section completed by student / parent

STUDENT SIGNATURE—IN SIGNING THIS DOCUMENT, I acknowledge the following:

- I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities" and Subchapter 38.12 (14).
- I authorize the high school and technical college to share course and grade information between the high school and college and with my parent/guardian.

Student Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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PARENT/GUARDIAN SIGNATURE—Required if student is under 18.

- I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities" and Subchapter 38.12 (14)
- I authorize the high school and college to share course and grade information between the high school and college.

Parent/Guardian Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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IV. STUDENT NAME

This section completed by student / parent

Student Name *First, Middle, Last*

V. HIGH SCHOOL BOARD APPROVAL

This section completed by district

Named student is approved to enroll for courses marked "Approved" in Section III:

☐ Yes ☐ No. If no, indicate reason for denial:

☐ Check if student has a record of disciplinary issues.

Name of High School Board Approval Authority

Phone Area/No.

High School Board Approval Authority Signature

Date Signed *Mo./Day/Yr.*

VI. TECHNICAL COLLEGE APPROVAL

This section completed by college

Name of Course(s) in Which Student is Enrolled	Course Code(s) / Number(s)	No. of College Credits	District Approved?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Eligible to enroll

I CERTIFY that the above-named student is eligible to attend the course(s) listed in Section VI and that all these courses are nonsectarian in content. The student will be notified of college admission policies/criteria and record disclosure provisions. The technical college agrees to provide the school district with grade information (and attendance information upon request).

☐ Not eligible to enroll

I CERTIFY that the above-named student is not eligible to enroll in and/or attend the course(s) listed in Section VI. The student will be notified of the reasons for ineligibility.

Name of Technical College Representative and Title

Phone Area/No.

Email

Technical College Representative Signature

Date Signed *Mo./Day/Yr.*

VII. APPEALS

Appeals of school board decision: A student may appeal a school board decision regarding awarding of high school credit or course comparability to the State Superintendent within 30 days of the board's decision.