

High School Student College Course Registration Form

Directions: Please fill out this registration form completely. Since this form is for printing, ensure all fields are filled in clearly before printing, or print the blank form to fill out by hand. Obtain all required signatures at the bottom of the page.

1. Student Information

Full Name:	<input type="text"/>	Date of Birth (MM/DD/YYYY):	<input type="text"/>
Street Address:	<input type="text"/>	City, State, Zip:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Current High School:	<input type="text"/>	Expected Graduation Year:	<input type="text"/>
Current Grade Level (e.g., 11, 12):	<input type="text"/>	High School Cumulative GPA:	<input type="text"/>

2. Parent/Guardian Information

Parent/Guardian Name:	<input type="text"/>	Relationship to Student:	<input type="text"/>
Parent Phone Number:	<input type="text"/>	Parent Email Address:	<input type="text"/>

3. College Course Requested

Please enter the details of the college course(s) you wish to register for. (e.g., Term: Fall 2024)

Semester / Term:	<input type="text"/>	Academic Year:	<input type="text"/>
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Course Subject & Number (e.g., ENG 101)	Course Title (e.g., Composition I)	Credits	Class Days & Times
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Required Approvals and Signatures

By signing below, the student, parent/guardian, and high school counselor agree that the student meets the prerequisites and has permission to enroll in the college courses listed above.

Student Signature (Sign after printing):	_____	Date (MM/DD/YYYY):	<input type="text"/>
Parent/Guardian Signature (Sign after printing):	_____	Date (MM/DD/YYYY):	<input type="text"/>
HS Counselor Signature (Sign after printing):	_____	Date (MM/DD/YYYY):	<input type="text"/>
HS Counselor Printed Name:	<input type="text"/>	Counselor Email:	<input type="text"/>