



**THIS SIDE TO BE COMPLETED ONLY BY STUDENTS WHO WILL BE RECEIVING FUNDING FOR COURSES THROUGH THEIR HIGH SCHOOL.**

**PART A- GENERAL INFORMATION**

1. Name of high school: \_\_\_\_\_
2. Birthdate: \_\_\_\_\_
2. Email: \_\_\_\_\_

**PART B – HIGH SCHOOL CONSENT**

Students who are still in secondary school may be admitted to Eastern Gateway as College Credit Plus students if they will be in the 7-12th grade by the date of enrollment and if they have established college readiness with EGCC.

By signing below, I confirm that I have calculated this student's eligibility for college credits using the formula provided by the state and they are eligible for funding to enroll into the course(s) I have listed on the other side of this form totalling <sup>T</sup>\_\_\_\_\_ credits.

Signature of home school principal or designee: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of vocational school principal or designee: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C – PARENT/GUARDIAN CONSENT**

I understand and consent to my child taking the college course(s) listed on the other side of this form and to the terms of this form recognizing that this course(s) is the beginning of my son's/daughter's permanent college record. I also understand that the College cannot release information to me about my son/daughter without a Release of Confidentiality form on file signed by the student.

I understand that the college collects my child's Social Security Number as a means to document citizenship only and that an institutional identification number will be assigned for identification purposes. If my child does not supply a SSN I understand that I must then supply a copy of my child's birth certificate.

In addition, I accept that I may be financially responsible for any fees or charges incurred by the student that are not covered by the College Credit Plus program ex. Overdue library book fees, bookstore charges outside course materials required by the course syllabus.

Signature of Parent/Guardian: \_\_\_\_\_ Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PART D – STUDENT CONSENT**

I understand that the following applies to enrollment/completion of Eastern Gateway Community College course(s):

1. College credit is based upon successful completion of course(s).
2. Course(s) may also serve as a substitution for high school courses and may be required to meet high school graduation requirements. (A "D" grade may not fulfill high school graduation requirements.)
3. A "D" grade may not be considered "successful completion" in college programs or as transfer credit.
4. As a college student, I have responsibility for monitoring my academic progress and for consulting with my high school counselor, college counselor and instructor should problems arise which could affect successful completion of the course.

I understand and agree to the above requirements for this course(s). In addition, I authorize Eastern Gateway Community College to release information about attendance records, academic progress and official final grades to the designated high school personnel. I also understand that I must sign a Release of Confidentiality form for a parent access to my records.

Signature of Student: \_\_\_\_\_ Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: It is the responsibility of the student to make written arrangements with Eastern Gateway Community College's Records Office for the transfer of earned credit to other colleges. College Credit Plus students are considered non-degree students and are not eligible for Financial Aid.