Mt. San Jacinto College

School Parent Agreement High School Concurrent

San Jacinto Campus	Menifee Valley Campus	Temecula Education Complex	San Gorgonio Pass Service Center
1499 N. State Street	28237 La Piedra Rd.	27447 Enterprise Circle West	1735 W. Ramsey Street # 111
San Jacinto, CA 92583	Menifee, CA 92584	Temecula, CA 92590	Banning, CA 92220
(951) 487-3215	(951) 639-5215	(951) 308-1059	(951) 922-1327

Semester/year _____

Name _____ Student I.D. _____

Street Address _____ City _____ State _____ Zip _____

Phone # _____ E-mail address _____

Currently enrolled at: _____ School Current grade level: _____ Date of birth: _____

High school students are admitted to this program based on GPA, class standing, recommendations from HS faculty, assessment placement; and must also satisfy all prerequisites and eligibility requirements for each course. Courses requested **(maximum of two courses):**

	Section #	Course ID #	Course Title	Units
1st Choice				
2nd Choice				
Alternate				

Reason for requesting attendance at Mt. San Jacinto College: _____

I authorize my parents/legal guardian to have access to all my academic records including disposition of this request.

Student Signature _____ Date _____

ENDORSEMENT OF PARENT: I am the parent or legal guardian of the above named student. I hereby grant permission for this student to attend classes at Mt. San Jacinto College. I certify that this student has had all required immunizations and will provide his/her own transportation to and from the college site where the course(s) is/are offered. I acknowledge that my child, as a college student, will be expected to adhere to all college rules of conduct, and that ***some college courses may have content suitable primarily for adults***. I further acknowledge that current enrollment in college courses could impact future eligibility for federal financial aid, even though no financial aid is received for this current enrollment. I understand that in accordance with State and Federal law, ***I will not have the right to access my child's college records without his/her written consent or a court order.*** **I have read the information on the back of this form. I acknowledge that MSJC reserves the right to deny admission to courses**

Parent/Guardian Signature _____ Date _____

ENDORSEMENT OF SCHOOL PRINCIPAL: Pursuant to Education Code § 48800, I have reviewed the academic record of the above named student and certify that the student has the ability to benefit from college instruction in the course(s) listed, and: if for a part-time special student, is attending school classes for at least the minimum school day; if a full-time special student the application has been approved by the local board and if applicable the board minutes are attached; if a summer student, the student has taken advantage of all other opportunities for a similar course offered by the school district, and that no more than 5% of this student's school class during the immediate prior term has been approved for enrollment at Mt. San Jacinto College during this summer session.

Principal's Signature _____ Date _____

Students enrolled 10th grade and below must submit supporting documentation to substantiate college enrollment.
Students in the second semester of grade 9 or who are in grade 10 must verify recommendation attesting to the student's ability to benefit from enrollment in the college course or program. ***The recommendation must come from the student's high school teacher in the same discipline for which the student is requesting permission to enroll***. If an appropriate matching discipline is not available at the student's high school, the recommendation must then come from the student's high school guidance counselor. This letter of recommendation must be on school letterhead stationery.

Home School students: Student must provide Home School authorization form from Riverside County in addition to other documentation.

**********This form along with required documentation must be submitted prior to start of the class.********

Please read information on the back of this form

PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR DISPOSITION OF THIS REQUEST.

For Office Use Only

☐ APPROVED ☐ DENIED ☐ DEFERRED

COMMENTS: _____

Signed: _____

☐ Transcript
☐ Assessment
☐ Orientation
☐ Met Prerequisite(s)
☐ Recommendation of Specific Discipline (10th grade and below)

Date: _____