



# SPECIAL ADMIT FORM

## Concurrent Enrollment (Summer Term Only)

STPE \_\_\_\_\_

Initial \_\_\_\_\_

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

Student's Address: \_\_\_\_\_ COC ID #: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade you will be in fall term: \_\_\_\_\_ High School: \_\_\_\_\_ High School ID#: \_\_\_\_\_

College Course(s) Requested	College Course(s) Requested	College Course(s) Requested

**Please consult your high school counselor for specific information regarding your high school's policy on awarding weighted credit for COC UC/CSU transferrable courses numbered 100 and above in English, Math, Foreign Language, Science, Fine Arts and Social Science.**

By signing below, I understand I must register myself into the courses above (not to exceed 11 units in any term), on or after my registration date and time. I also understand it is my responsibility to pay for all fees associated with my courses at the time I register, or I may be dropped from my course. Further, I will attend all courses for which I am registered, and understand it is my responsibility to abide by all College rules, regulations, and deadlines as published in the school calendar/catalog, including setting up and regularly checking the @my.canyons.edu email address. This is how the college will communicate with me. I also understand that my enrollment and grades for any classes I am enrolled in will be sent electronically to the Wm. S. Hart High Union School District upon completion of the class(es). It is my responsibility to request an official college transcript if I want my grade posted to my high school transcript. It is my responsibility to share my schedule with my parent(s) and high school counselor and update them with any changes I make to my schedule. I understand that if I have an IEP or 504, I must meet with the College of the Canyons Disabled Students Program and Services (DSPS) office prior to the start of the semester for evaluation and approval of eligible and appropriate accommodations to a college course.

**Student's Signature****Date**

**Parent Consent:** I give my consent for \_\_\_\_\_ to be enrolled at College of the Canyons as a special part-time student. I understand that my son/daughter is being considered for admission as a college student and he/she will abide by all College rules, regulations, and deadlines as published in the school calendar/catalog. I understand the College will share my child's enrollment in the course and the final grade with the Wm .S. Union Hart School District, due to the data sharing agreement between College of the Canyons and the Hart District. Students not part of the Hart District must request a college transcript to be sent to the high school after final grades have posted. I will not have access to this course in my child's high school grades until the end of the course. In the event the student should drop a course, it is the student's responsibility to notify the high school counselor immediately. I understand that my son/daughter may participate in college surveys or research as approved by the district. I also understand that transportation and other costs for community college courses are the responsibility of the student. Under FERPA, the College will not release any student records, not including directory information, to anyone, including the parent, without the written consent of my student. I understand that if my child has an IEP or 504, my child must meet with the College of the Canyons Disabled Students Program and Services (DSPS) office prior to the start of the term for evaluation and approval of eligible and appropriate accommodations to a college course.

**Parent or Guardian's Signature****Date**

To: **DIRECTOR, ADMISSIONS & RECORDS, COLLEGE OF THE CANYONS, SANTA CLARITA, CA**  
 As Principal, I recommend that this student be permitted to take the college degree applicable classes indicated above. I certify that I have not recommended over 5% of students from any grade level to College of the Canyons during summer. I may exceed the 5% rule if the student is taking class in one of the following three areas; courses that apply toward the IGETC or CSU GE breadth requirements, are part of a career-technical occupational sequence, or this student is a senior who has completed all graduation requirements but has not passed the CAHSEE and the class recommended is for them to pass the CAHSEE .

\_\_\_\_\_ **High School Counselor Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ **High School Principal Signature** \_\_\_\_\_ **Date**

**This form cannot be turned in unless both the front and back are complete**

# STUDENT HEALTH CENTER

## AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OR COUNSELING OF MINORS

### **Introduction:**

On rare occasions students at COC experience illness or accidents while on campus. The College has prepared for such emergencies by establishing a Student Health Center. When asked to respond to an emergency, College staff members are not normally able to take the time to determine if the student needing care is a minor or concurrently enrolled. To protect the interests of our students, as well as the interests of the College, we ask that the parent or legal guardian of every minor student sign this consent form prior to enrolling. Questions regarding this form should be directed to the Dean of Students, or the Director of the Student Health Center.

**Please note that we will not enroll minor students without a signed consent form.**

### **Authorization:**

The undersigned parent or guardian of \_\_\_\_\_ who is \_\_\_\_\_ years old, hereby authorizes the medical and counseling staff of the Student Health Center of College of the Canyons, as agents for the undersigned to consent to any diagnostic procedure (including x-rays), to the administration of counseling, medical, surgical treatment, or to any hospital care when any or all of the foregoing is deemed advisable by and is to be rendered under the general supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

This authorization is given in advance of any specific diagnosis, treatment, or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

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Signature

Date