SPECIAL ADMIT FORM



Concurrent Enrollment/College NOW!

STPE	
Initial_	
Date	

City/State:			
Student's Address: City/State: ZIP: Phone Number: High School: High School: High School: High School: High School: High School ID#: Semester and Year (EX: Fall 2018): College Course(s) Requested College Course(s) R	Student's Name:		
College Course(s) Requested Picase 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. Py spignips Bebw. Junderstand in thus register inversity into the courses above (not to exceed 11 units in any term), on or after my registration date artime. 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 within 1 am registered, and understand it is my responsibility to add by all College rules, 10 long the course in the course of the co		First	Middle Initial
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To: DIRECTOR, ADMISSIONS & RECORDS, COLLEGE OF THE CANYONS, SANTA CLARITA, CA As Principal, I recommend this student be permitted to take the college level degree applicable classes indicated above. High School Counselor Signature Date	special part-time student. I understand that my so rules, regulations, and deadlines as published in the final grade with the Wm. S. Hart Union Schol Students not part of the Hart District must reques to this course in my child's high school grades un to notify the high school counselor immediately. district. I also understand that transportation and College will not release any student records, no student. I understand that if my child has an IEP	the school calendar/catalog. I understand the College ool District, due to the data sharing agreement between a college transcript to be sent to the high school after the end of the course. In the event the student should understand that my son/daughter may participate in dother costs for community college courses are the participated in the college directory information, to anyone, including or 504, my child must meet with the College of the College o	will share my child's enrollment in the course and sen College of the Canyons and the Hart District. From the course have posted. I will not have access and drop a course, it is the student's responsibility to college surveys or research as approved by the responsibility of the student. Under FERPA, the not the parent, without the written consent of my canyons Disabled Students Program and Services
As Principal, I recommend this student be permitted to take the college level degree applicable classes indicated above. High School Counselor Signature Date	Parent or Guardian's Signature		Date
High School Principal Signature Date	High School Counselor Signature		Date
- 113	High School Principal Signature		Date

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 authorizes the medical and counseling staff of the Student H the undersigned to consent to any diagnostic procedure (included medical, surgical treatment, or to any hospital care when any to be rendered under the general supervision of any physicial Medical Practice Act.	ealth Center of College (luding x-rays), to the ad or all of the foregoing is	of the Canyons, as agents for ministration of counseling, s deemed advisable by and is
This authorization is given in advance of any specific diagnor pursuant to the provisions of Section 25.8 of the California C		al care being required, and
Signature	Dat	e