



HIGH SCHOOL CONCURRENT ENROLLMENT APPLICATION

FOR OFFICE USE ONLY

Date Processed: _____

Processed by: _____

TO BE COMPLETED BY THE STUDENT

NOTE: A separate approval must be presented for each semester or session in which the student wishes to enroll.

Legal Name: Last First Middle		
SMC ID Number	Date of Birth / /	Telephone Number () -
Street Address		
City	State	Zip Code

Term: Winter ☐ Spring ☐ Summer ☐ Fall ☐ Year: _____ Current Grade Level: 9th ☐ 10th ☐ 11th ☐ 12th ☐

Name of High School: _____ City/County of School: _____

Type of School: Public High School ☐ Private High School ☐ Charter School ☐ Home School ** ☐

* Student must have completed the 8th grade by the beginning of the term to be eligible to participate.

** The local school district principal approval is required along with Affidavit for a student participating in a home school program.

TO BE COMPLETED BY THE STUDENT'S HIGH SCHOOL COUNSELOR

Our enrollment system will limit enrollment for high school students to only those courses listed on the High School Concurrent Enrollment form that a high school counselor has approved. The intent is to assure that students will only be permitted in courses that the counselor deems appropriate and officially authorizes.

The above named student is authorized and recommended to enroll in the following college-level course(s) as part of the Santa Monica College High School Concurrent Enrollment Program for the semester noted above. By signing this, you are indicating that you have assessed the student's preparedness to undertake college-level studies in this subject area and are recommending the student for attendance in this SMC program.

Course(s) Recommended: _____

High School Counselor's Name (please print) _____ Daytime Phone Number: _____

As per Ed. Code 76004, the principal of the Public school certifies, by signing this application that no more than 5 percent of the total number of pupils per grade level shall be recommended for SMC summer session.

Both Signatures are required every term at SMC

High School Principal's Signature: _____ Date: _____

High School Counselor's Signature: _____ Date: _____

PARENTAL CONSENT

I authorize my son/daughter to enroll in the Santa Monica College High School Concurrent Enrollment Program for the term specified above by the student. My signature affirms my approval as the parent/guardian for enrollment at Santa Monica College in the course(s) listed above under the guidelines outlined under the Policies and Requirements section on the previous page.

Parent/Guardian Signature _____ Date _____

Authorization and consent for Treatment of a Minor

All SMC students have the right to utilize the services offered by our health center. Since your student is a minor, your consent would be required. That consent is **OPTIONAL**, but your student cannot be treated without it, and would require your signature below.

The undersigned hereby gives consent for the provision of health service to the minor student named above. Services to be provided may include first aid, health counseling, nursing assessments or any other care when determined advisable by and rendered under the supervision of a Health Services Registered Nurse.

If unable to reach us in an emergency, we consent for our child to receive reasonable treatment under the general or specific instruction of Santa Monica College Health Services. YES ☐ NO ☐

Parent/Guardian Signature _____ Date _____

Daytime Phone Number () Evening Phone Number ()