SPECIAL ADMIT FORM



Concurrent Enrollment/College NOW!

STPE	
Initial_	
Date	

Student's Name:		
Last	First	Middle Initial
Student's Address:	C	OC ID #:
City/State: Z	Phone Number:	
Grade: High School:	High School ID#:	
Semester and Year (EX: Fall 2018): _		
College Course(s) Requested	College Course(s) Requested	College Course(s) Requested
	l specific information regarding your high school's p and above in English, Math, Foreign Language, Sci	
my high school transcripts. It is my responsibility I make to my schedule. I understand that if I have (DSPS) office prior to the start of the semester for	he class(es). It is my responsibility to request an office to share my schedule with my parent(s) and high sche an IEP or 504, I must meet with the College of the Cor evaluation and approval of eligible and appropriate	hool counselor and update them with any changes Canyons Disabled Students Program and Services
Student's Signature		Date
ules, regulations, and deadlines as published in the final grade with the Wm. S. Hart Union Schoolstudents not part of the Hart District must request to this course in my child's high school grades unto notify the high school counselor immediately. District. I also understand that transportation and College will not release any student records, not student. I understand that if my child has an IEP	on/daughter is being considered for admission as a conthe school calendar/catalog. I understand the College coll 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 be understand that my son/daughter may participate in the dother costs for community college courses are the continuous directory information, to anyone, including or 504, my child must meet with the College of the Contract of the co	e will share my child's enrollment in the course and een College of the Canyons and the Hart District er final grades have posted. I will not have access ould drop a course, it is the student's responsibility on college surveys or research as approved by the e responsibility of the student. Under FERPA, the ing the parent, without the written consent of my canyons Disabled Students Program and Services
Parent or Guardian's Signature		Date
	ORDS, COLLEGE OF THE CANYONS, SANT permitted to take the college level degree applications.	
High School Counselor Signature		Date
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 Heat the undersigned to consent to any diagnostic procedure (included medical, surgical treatment, or to any hospital care when any of to be rendered under the general supervision of any physician Medical Practice Act.	Ith Center of College of ding x-rays), to the ad r 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 diagnosis pursuant to the provisions of Section 25.8 of the California Civ		al care being required, and
Signature	Dat	e