

San Diego Community College District
Supplemental Application and Certification of Special Part-Time High School Diploma Student

City Mesa Miramar Fall Spring Summer Year 20 _____

Name: _____ CSID Number: _____

Grade Level: _____ Expected High School Graduation Date: _____

Student's Name (PRINT) _____ CSID Number _____

Admission Regulations:

1. Students must have completed the 10th grade.
2. A student may take a maximum of one course per semester or session. This maximum includes classes at City, Mesa, Miramar Colleges and ECC (excludes High School Honors classes).
3. High school students must satisfy course prerequisites and eligibility requirements. Proof required – contact the college for information.
4. Enrollment in Physical Education classes will not be permitted.
5. The course must be advanced scholastic or technical (college degree applicable). Contact the college Admissions Office for details.
6. Students will be given college credit for all courses. Grades will be part of the student's permanent college record.

Academic Standing Rules:

1. Students must maintain a 2.0 grade point average each semester in all college work.
2. If the number of units of W, I and NP exceed 40% in any semester or session, the student will be academically disqualified.
3. A special part-time student whose grade point average falls below a 2.0, or who do not complete 60% of all units attempted will not be permitted to re-enroll without approval from a college counselor.

I have read the Admission regulations and Academic Standing Rules stated above and understand the eligibility requirements thereof.

Student's Signature _____ Date _____

HIGH SCHOOL CERTIFICATION *(to be completed by the high school)*

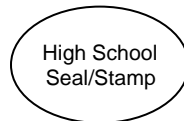
- This is to certify that _____ at _____ school has my recommendation to attend community college based upon his/her ability to benefit from advanced scholastic work in accordance with California Education Code Section 48800.5.
- He/she is approved to attend the course listed below with the San Diego Community College District during the:
 Fall Spring Summer Year 20_____

Course Number	Course Reference Number	Subject Area	Units	Class Meets						
				Hours (Begin/End)	M	T	W	Th	F	S

- I certify that the course is not available at the school of attendance.
- I certify that this student is not being claimed for ADA if the class meets during the regular school day.
- I further certify that in conformity with Title 5, no more than 5% of this student's class is participating in concurrent enrollment at a community college, if the student is enrolling in a summer class, and that enrollment is consistent with the admission regulations on reverse side of this form.

Principal/Vice Principal _____
PRINT Name Signature

Date: _____ School Telephone () _____



PARENT/GUARDIAN PERMISSION FOR SON/DAUGHTER TO ENROLL IN A COLLEGE CLASS

(to be completed by the Parent/Guardian)

- I grant permission for my son/daughter,

PRINT Name

To enroll in the indicated class below during the Fall Spring Summer Year 20_____

Indicate College: City Mesa Miramar ECC

- I understand that in accordance with State & Federal Law, I will not have the right to access my child's college records without his/her written consent or a court order.

Parent/Guardian _____
PRINT Name Signature Date

Parent/Guardian Signature Required for all High School Students - No Exceptions.

MINOR'S AUTHORIZATION CONSENT FOR MEDICAL TREATMENT

(to be completed by the Parent/Guardian)

- In cases of illness, injury or life threatening emergencies I hereby authorize San Diego City, Mesa or Miramar College Student Health Services staff to assess and treat my son/daughter.
- Permission is also granted to provide referral to outside physician and facility, if deemed necessary by health care providers.
- This permission does not cover special elective procedures requiring local anesthesia (suturing, biopsy, toenail removal). Parent/guardian will be contacted via telephone/sent consent form for permission to perform these procedures.
Per State law, parental permission is NOT required in cases of treatment of sexually transmitted disease and contraception (birth control).
- Nominal fees may be charged for laboratory, pharmacy and special procedures deemed necessary by health care providers at the college Student Health Services. Payment of these fees will be required at the time services are received.
- I authorize the college to provide medical treatment to my son/daughter in case of emergencies.

Parent/Guardian _____
PRINT Name Signature Date

ACCESS TO STUDENT RECORDS

(to be completed by the student)

I, _____, hereby authorize access to all of my academic records maintained
PRINT full name

by the San Diego Community College District to the individual or agency listed below:

This authorization will be effective beginning _____ through _____
(term) (term)

Student's Signature _____ Date _____