



# KISHWAUKEE COLLEGE

## Registration/Permission for High School Student Enrollment in College Courses

Fall Semester 20\_\_\_\_\_ Spring Semester 20\_\_\_\_\_ Summer 20\_\_\_\_\_

Student Kish ID #\_\_\_\_\_ Date of Birth\_\_\_\_\_

Student Name\_\_\_\_\_

Last

First

Middle

Student Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Home Telephone\_\_\_\_\_ High School\_\_\_\_\_

Prefix-Number-Section	Title	Credit Hours	Day/Time
Prefix-Number-Section	Title	Credit Hours	Day/Time
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Prefix-Number-Section	Title	Credit Hours	Day/Time
Prefix-Number-Section	Title	Credit Hours	Day/Time

I have reviewed and agree to the above coursework at Kishwaukee College with my high school counselor and parent/guardian.

Student signature\_\_\_\_\_ Date\_\_\_\_\_

I authorize Kishwaukee College to release information related to my academic record to my parent/guardian.

Student signature\_\_\_\_\_ Date\_\_\_\_\_

I approve the student to attend Kishwaukee College for the semester and course(s) above and agree to pay the tuition charged.

Parent or Legal Guardian\_\_\_\_\_ Date\_\_\_\_\_

### High School Administrator, please complete.

The above-mentioned student has my permission to take the courses listed above through Kishwaukee College.

The student will be a ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior during the above semester. ☐ Transcript included

The above courses will be taken for ☐ High School and College credit (Dual Credit) ☐ College credit only (Dual Enrollment)

Are these courses being taken as part of the Early College Program? ☐ Yes ☐ No

High School Principal / Designee\_\_\_\_\_ Date\_\_\_\_\_

The above information has been reviewed and approved\_\_\_\_\_

Director of Dual Credit & K-12 Partnerships

Date

Please return completed form to: **Student Services Office**  
**Kishwaukee College**  
**21193 Malta Road**  
**Malta, IL 60150**