



Special Request for Admission to College Classes

Student Name: Last _____ First _____ MI _____ WHC Student ID # _____

Student Address: Number and Street _____

City _____ ZIP _____ Phone _____

Birthdate _____ HS Grade _____ High School _____

Anticipated HS Graduation Year _____

I request to attend classes offered during Fall Spring Summer 20_____

College Course(s) Requested	Section Number	Units

Student will receive Dual Credit (High School and College Credit) unless otherwise indicated:

College Credit Only High School Credit Only

I authorize the release of my college transcript to my high school immediately after the completion of course(s).

Student's Signature

Date

Parental Consent

I give my consent for _____ to be enrolled at West Hills Community College District as a special part-time student (per Education Code 76001). I understand that my son's/daughter's progress will not be monitored by the high school. In the event the student should drop a course, it is the student's responsibility to notify the high school counselor immediately. I understand that my son/daughter is being considered for admission as a college student and he/she will abide by all college rules, regulations and deadlines. I understand that my son/daughter may participate in college surveys or research as approved by the district. I also understand that transportation and other costs for community college courses are the responsibility of the student. Under FERPA, the College will not release any student records, not including directory information, to anyone without the written consent of my student.

Parent or Guardian's Signature

Date

High School Principal/Designee Signature

Date

For summer term only, I confirm that no more than 5% of our students in any one grade level will be recommended for concurrent enrollment at West Hills Community College District (per Education Code 48800).