

# CARDINAL JUMPSTART

## Course Enrollment Form

STUDENT LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DATE OF BIRTH MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAKEN CLASSES FROM LCC BEFORE: YES \_\_\_\_\_ NO \_\_\_\_\_

LCC STUDENT EMAIL: \_\_\_\_\_ LCC STUDENT ID #: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ ANTICIPATED GRADUATION YR: \_\_\_\_\_

**SEMESTER:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

DEPT. CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDIT HOURS	INSTRUCTOR	LOCATION	COURSE COSTS

**\*NEED WORKFORCE/CTE DEPARTMENT APPROVAL: CNA, CMA, Phlebotomy, EMT**

DEPT. CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDIT HOURS	INSTRUCTOR	LOCATION	COURSE COSTS

<p><b>**A current high school transcript must be on file prior to enrollment if utilizing high school coursework or ACT scores to meet assessment/prerequisite requirements**</b></p>
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**PROGRAM COORDINATOR/HS COORDINATOR USE ONLY**

Enrollment Date: \_\_\_\_\_

Coordinator Initials: \_\_\_\_\_

**LCC USE ONLY**

YEARLY CONSENT FORM SUBMITTED: \_\_\_\_\_

SENT COPY TO WORKFORCE: \_\_\_\_\_

PROGRAM COORDINATOR INITIALS: \_\_\_\_\_

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# Consent Form

STUDENT LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

DATE OF BIRTH MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAKEN CLASSES FROM LCC BEFORE: YES \_\_\_\_\_ NO \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE NUMBER (WITH AREA CODE): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ ANTICIPATED GRADUATION YR: \_\_\_\_\_

### STUDENT:

I certify that all the information I have provided on this application is complete and correct to the best of my knowledge. I also understand that there are minimum assessment and program standards that I must adhere to in order to be accepted, and remain in courses at Labette Community College. Failure on my part to maintain minimum performance standards and comply with College program requirements may result in my dismissal from the program. \*\*LCC may release your college grades and academic record to your high school. In order for LCC to discuss your academic and financial records with your guardian, you must complete the FERPA permission form located on the back of this form each year\*\*

**Student Signature:** \_\_\_\_\_ **Class Status (SOPH, JR, SR):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### GUARDIAN:

I understand my child is enrolled as a student at Labette Community College and will receive college credit. The course(s) my child is enrolled in, will be listed on a Labette Community College transcript as well as the grade my child earns for the course(s). I understand I am responsible for any applicable financial obligations.

**Guardian Signature:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SCHOOL REPRESENTATIVE:

I certify that the above-named student is enrolled as at least a high school sophomore, or is certified as "gifted" with an IEP (copy must be sent to LCC Coordinator) that specifies college study, and has permission to enroll at Labette Community College during the above labeled school term. I understand that failure to submit required documentation by school and failure by the student to comply with college and program requirements, may result in student dismissal from the program. \*\*High school counselor must submit a current high school transcript to verify minimum GPA requirements have been met\*\*

**School Representative Signature:** \_\_\_\_\_ **School Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b><u>LCC USE ONLY</u></b>		
<b>STUDENT ID #:</b> _____	<b>TRANSCRIPT:</b> _____	<b>CONSENT FORM</b>
<b>GPA:</b> _____	<b>PROCESSED:</b> _____	<b>YR 1:</b> _____
<b>ACCUPLACER/ACT:</b> _____	<b>FERPA:</b> _____	<b>YR 2:</b> _____
<b>PROGRAM:</b> _____	<b>PROCESSED:</b> _____	<b>YR 3:</b> _____



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## Authorization to Release Student Information



The financial and non-directory information on your student account is confidential and protected by the Family Educational Rights & Privacy Act (FERPA). FERPA is also known as the Buckley Amendment, Statute 20 U.S.C 1232 (g), regulations 34 CFR Part 99. We cannot release certain information to another person without your written authorization. This form will allow appropriate offices to release specific information about you to the person(s) you designate below. This form does not authorize any third party to access a student's on-line account. **This form must be completed each academic year.**

Student Name: \_\_\_\_\_ DOB Month: \_\_\_\_\_ YR: \_\_\_\_\_

Student ID number: \_\_\_\_\_ Academic Year: \_\_\_\_\_

**I authorize Labette Community College representatives to release the below records:**

\_\_\_\_\_ **Account Information:** e.g. account balance, charges and credits appearing on account, payment plan, third party sponsorship, 1098T, receipt requests, questions regarding past due balance, Herring bank, online payment services, or related questions regarding a student's financial account record

\_\_\_\_\_ **Academic Record Information:** e.g. information regarding a student's enrollment, and academic records (recorded grades, class schedule, transcripts)

\_\_\_\_\_ **All Records**

### Person(s) Authorized to Access the Information Above

Print Name: \_\_\_\_\_ Last 4-digits of SSN: \_\_\_\_\_ DOB Month: \_\_\_\_\_ YR: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Print Name: \_\_\_\_\_ Last 4-digits of SSN: \_\_\_\_\_ DOB Month: \_\_\_\_\_ YR: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### Signatures

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LCC Representative: \_\_\_\_\_ Date: \_\_\_\_\_