

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

CONCURRENT ENROLLMENT AGREEMENT



In compliance with California Ed Code Sections 48800, 48801, and 48002

High School Name: _____

College Name: _____ Address: _____

Name _____ Social Security Number _____ / _____ / _____
(Print) Last Name First Name MI

Present Grade: _____ Birthdate: _____ Summer ____ Fall ____ Spring ____ Year ____

State reason for attending _____

SECTION	COURSE TITLE	NUMBER	DAYS	HOURS	INSTRUCTOR	ROOM	UNITS	H.S. CREDIT	YES	NO

Note to student:

1. Must have a 3.0 or better GPA.
2. New students to the college must complete a college admissions application.
3. This form and the college enrollment form are required each semester for concurrent enrollment.
4. As a college student, you will be subject to the rules and regulations that govern all students at the college and at your school.
5. Signing this form authorizes the release of your records to your school by the college.
6. The principal's signature indicates that the high school has received the parent's/guardian's consent for the student to enroll in college courses.

Sign in blue ink only

Student: _____
Signature

Date

Counselor: _____
Signature

Date

Parent/Guardian: _____
Signature

Date

Permission Granted:

Principal: _____
Signature

Date