



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

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 is a _____ Freshman _____ Sophomore _____ Junior _____ Senior 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**