Peralta Community College District
High School Concurrent Enrollment Program

Request for High School students to attend: ☐Alameda ☐Berkeley ☐Laney ☐Merritt

For the: ☐Summer ☐Fall ☐Spring Year: 20 H.S. Grade Level *(on the 1st day of the college term)*: _____

High School Student's Information

Student's Name: _____ *Last Name* _____ *First Name* _____ *M.I.*

Social Security #: _____ Date of Birth: _____

Address: _____ *Street* _____ *City, State* _____ *Zip*

Phone #: _____ Email Address: _____

H.S. Student's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

I hereby certify that I am the parent/guardian of the above-named student and am in agreement with, and give my consent for, his/her attendance at the above named college(s). We have read and understand the Steps for Concurrent Enrollment and authorize the college to release information requested by my school.

High School Authorization

Permission is granted for the above-named student to enroll in courses at: Select a College *Name of College* | Select a College *Name of College*

High School Currently Attending: _____

High School Location: _____ *No. & Street* _____ *City, State* _____ *Zip*

H.S. School Counselor's Name: _____ Phone #: _____

H.S. School Counselor's Signature: _____ Date: _____

H.S. School Principal's Signature and Seal/Stamp: _____ Date: _____

**Per Education Code Section 48800, for summer sessions, K-12 principals may not recommend more than five percent of the number of pupils who have completed a particular grade immediately prior to the time of the recommendation.*

High School District Authorization
(for Home Schooled Students Only)

H.S. District Official's Name: _____ Phone #: _____

H.S. District Signature: _____ Date: _____

* *Home School Students must provide clearance from their local school district. Also, per Education Code* Section 48800, for summer sessions, K-12 principals may not recommend more than five percent of the number of pupils who have completed a particular grade immediately prior to the time of the recommendation.

Authorized Class Schedule

CLASS CODE	DEPT. & COURSE #	COURSE TITLE	HOURS	DAYS	ROOM	INSTRUCTOR	UNITS	H.S. COUNSELOR APPROVAL

Peralta Community College District Authorization

If you would like to enroll in 6.5 to 11.5 units, you must obtain permission from the college VP of Student Services *or designee* prior to enrollment, and you must furnish high school transcripts to make the request.

Vice President Student Services/Designee Signature: _____ Date: _____

CLASS CODE	DEPT. & COURSE #	COURSE TITLE	HOURS	DAYS	ROOM	INSTRUCTOR	UNITS	H.S. COUNSELOR APPROVAL

Total # of Units: _____