School District Enrollment Release Form

Student Name  ____________________________________________________________________________

Last ____________________________________________ First ____________________________

Middle Initial ____________________________________________

Student ID Number ___ ___ - ___ ___ - ___ ___ ___ Birthdate ___ ___ - ___ ___ - ___ ___ ___ MM-DD-YYYY

Use this form if you wish to enroll in classes at Edmonds Community College and you meet all of the following conditions:

- You are under the age of 18
- You do not have a high school diploma, or GED
- You are not enrolled in a state approved high school program under WAC131-12-010 – i.e., Running Start, or EdCAP.

Note: This form is not required if you are home schooled, but home school students must provide a copy of the Declaration of Intent or other documents given to the school district or state indicating your parent/s’ intent to home school you.

Underage students are also required to have their parent or legal guardian complete and sign the “Underage Admissions Request” form located on the Enrollment Services website at www.edcc.edu/es/forms.html. Students under the age of 16 must also contact the Director of Admissions to set up an appointment to discuss admission and enrollment options. Email Mark Di Virgilio at mark.divirgilio@email.edcc.edu.

Dear Enrollment Services: The student named above is a student at ____________________________________________________________________________

and has permission to enroll for the class(es) listed below: (high school and grade number)

<table>
<thead>
<tr>
<th>Item #</th>
<th>Section Letter</th>
<th>Department &amp; Course # (e.g. ENGL 101)</th>
<th>Credits</th>
<th>Quarter/Year</th>
<th>Instructor Signature (if needed), Comments, etc.</th>
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High School Principal, Counselor or School District Authorization

Official’s Name & Title (print) ____________________________________________________________________________

School or District _______________________________________________________________________________________

Phone ______________________________ Email _________________________________________________________________

This letter of permission is valid only for __________________________ Quarter(s) of the 20________ school year.

Signature _____________________________ Date ___________________________

Office Use Only

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