

To be completed by student

Type or Print	Student Name: _____ DOB: ____/____/____ TSDS ID: _____ (First) (Middle) (Last)
	Student Email (most frequently checked): _____ Student Cell Number: _____
	Current HS School: _____ Expected HS Graduation Date (MM/YYYY): ____/____
	If I am admitted under this program, I understand a college-level standard of conduct is required, and it is my responsibility to comply with the admission policies, student code of conduct and policies, academic standards of LSCO, and standards set forth in the course syllabus. I understand that academic information such as progress reports and final course grades will be provided by LSCO to my corresponding high school. I also understand that academic information such as partial high school transcripts, official high school transcripts (upon graduation), and applicable test scores will be provided to LSCO from my corresponding high school.
Student Signature: _____ Date: _____	

To be completed by parent/guardian

I, _____, hereby certify that I am the parent or legal guardian of the above-named student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above-named student to enroll in classes at LSCO.

- I acknowledge that the student's use of LSCO facilities may expose them to hazards or risks that may result in the student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. In consideration of the student being permitted to participate in courses at LSCO and use the LSCO facilities, I, on behalf of myself and the student, hereby waive rights to sue, assume all risks, and release the College, its trustees, and employees from all claims for injury, illness, death, property damage, or other loss arising from the student's participation in courses or use of the facilities.
- I understand that the student will be responsible for any charges remaining on their account and is subject to LSCO's Financial Obligations Policy set forth in the current LSCO catalog (<https://www.lSCO.edu/catalog/catalog.asp>).
- I understand that the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers, and computer labs.
- I understand that once the student is registered in a college course, they control access to their educational records under the Family Educational Rights and Privacy Act (FERPA) and, unless an exception applies, I may not have access to my student's records without their written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- I understand that students on academic probation or suspension with LSCO are subject to the guidelines set forth in the current LSCO catalog (<https://www.lSCO.edu/catalog/catalog.asp>).
- I understand that the high school is not required to count the college course towards high school graduation requirements. I also understand that the student cannot register for a college-credit-only course that conflicts with the class schedule at the high school.

My signature below acknowledges that I have read and understand the policies above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone Number: _____ Parent/Guardian Email (most frequently checked): _____

To be completed by high school

LSCO Course and Course Number	Modality	Year 20	Year 20	Year 20
	<input type="checkbox"/> LSCO <input type="checkbox"/> Embedded <input type="checkbox"/> Online	<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Full Summer Term	<input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/> Full Fall Term	<input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Full Spring Term
	<input type="checkbox"/> LSCO <input type="checkbox"/> Embedded <input type="checkbox"/> Online	<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Full Summer Term	<input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/> Full Fall Term	<input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Full Spring Term
	<input type="checkbox"/> LSCO <input type="checkbox"/> Embedded <input type="checkbox"/> Online	<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Full Summer Term	<input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/> Full Fall Term	<input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Full Spring Term
	<input type="checkbox"/> LSCO <input type="checkbox"/> Embedded <input type="checkbox"/> Online	<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Full Summer Term	<input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/> Full Fall Term	<input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Full Spring Term

If student is taking a course(s) at the high school or online only, this will serve as the petition to waive Bacterial Meningitis Vaccination Requirement. If at any time this changes during a semester and the student changes to a course in person at LSCO the student must submit their Bacterial Meningitis Vaccination Record through Med +Proctor if notified of missing requirement.

- Official test scores and partial high school transcript are required for Dual Credit registration at LSCO and are attached to this form.
- My signature serves as verification of student identity, residency/citizenship.

High School Principal/Designee Signature: _____ Date: _____

To be completed by LSCO

Circle the appropriate program: Dual Credit High School Dual Credit Home School Early College High School

LSCO Student ID Number: **R800** _____