



Summer 2019 | Recommendation for Concurrent Enrollment Program

Office of Admissions and Records • 3000 Campus Hill Drive, Livermore, CA 94551 • bchavez@laspositascollege.edu
Before submitting this form, you must complete a current online admission application.

>>> To register on **MAY 7, 2019**, submit all required documents by **APRIL 19, 2019** <<<

SECTION 1: STUDENT INFORMATION

(TO BE COMPLETED BY STUDENT)

Last Name First Name Middle

Street Address

City, State, Zip

() / / W10
Phone Number Date of Birth LPC Student ID (W) Number

Email (registration notification will be sent here)

Name of School: _____

School Address: _____

Current Grade level: _____

By signing this form

- I am in the 10th, 11th or 12th grade.
- I acknowledge that I will be earning college credit for courses completed at Chabot College.
- I will abide by the policies and enrollment conditions of the Concurrent Enrollment Program.
- I understand I will be dropped from courses not listed on my recommendation.
- I understand that after completion and approval of this for, I need to register for the approved class(es) online via CLASS-Web.
- I understand that courses listed on this recommendation are for Chabot College only.

Student signature _____

REQUESTED COURSES

COURSE TITLE & NUMBER (For example: ENGL 1A)	UNITS (ex. 3.0)	PREREQUISITES*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
COURSE RESTRICTIONS: <ul style="list-style-type: none"> • Concurrent Enrollment is limited to a maximum of 11 units per semester (6 units for Summer session). • Enrollment in Kinesiology (P.E.) and basics skills courses (Eng 104 level, all ESL courses, Math 107 level) are not allowed. (Ed. Code 48800). • You may ONLY list LPC courses above. Additional courses beyond this form will require an additional, completed and signed, form. 		<ul style="list-style-type: none"> • *Many courses require the completion of prerequisite courses taken at Las Positas College, or their equivalent at another institution. Consult the course description in the class schedule or college catalog for identification of prerequisites. (Title 5, Sec. 55500). English and Math prerequisites must be cleared by the Assessment test (schedule here: www.laspositascollege.edu/assessmentcenter/index.php)

SECTION 2: SCHOOL PRINCIPAL or DESIGNEE

(TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE)

AUTHORIZED SCHOOL OFFICIALS (Signatures are required every term. Initials or rubber stamps NOT acceptable.)

- As per Ed. Code 76001, the high school principal or designee of the school certifies, by signing this form, that no more than 5 percent of the total number of students per grade level shall be recommended for Concurrent Enrollment at Las Positas College.
- I certify that the above recommended _____ # of units are based on the student's ability to benefit from "advanced scholastic or vocational work."
- I certify that I am the School Principal / Designee, and authorized to sign this form.

Principal or Designee (Print Name) _____

Principal or Designee (Signature) _____ Date: _____

FOR OFFICE USE ONLY

HS TRANSCRIPT REG DATE | CE HOLD | HSCH | UNITS | RESTRICTION

ONLINE ADMISSION APPLICATION Admissions & Records Staff: _____ Date _____

APPROVED

DENIED Dean of Enrollment Services: _____ Date _____



Student's Name: _____ LPC Student ID #: _____

SECTION 3: PARENT or GUARDIAN Authorization for Minors

Parent / Guardian (Print Name): _____

Relationship to minor student: _____

Parent / Guardian phone: _____

By signing this form

- I acknowledge my child's participation in Las Positas College's Concurrent Enrollment Program.
- I certify that the school Principal or Designee named above is my child's school / district authorized representative.
- I hereby give permission to release my child's high school transcript to Las Positas College.
- I hereby give permission to my minor child to use the services provided at the Student Health Center.
(NOTE: The Student Health Center providers are bound by confidentiality even though they are treating minors)
- As the parent / guardian, do you know of any medical problems we should be aware of for this student?

Yes. List medical problem(s) (E.g. heart disease, allergies, mental health, etc.):

No

Parent / Guardian (Signature) _____ Date _____

NOTE: In case of an emergency, the above parent/guardian will be contacted.

SECTION 4: Release of Personal Information

Attention Student: The Family Rights and Privacy Act (FERPA) of 1974 prohibits the college from providing any information to any third parties (including parents, guardians, siblings, etc.) without the express written consent of the student. By signing this form below, you confirm that (1) you are the student, (2) you have made an indication below to withhold or release your information on record, and (3) all information provided on this form is complete and accurate.

I **do not** authorize the release, and or review, of any and all personal information on record, my student records ,and any behavior/disciplinary status.

I authorize the release of the following information to my parent(s) or guardian(s) named below:

- Any and all personal information on record
- Grades and attendance information only
- Behavior/Disciplinary status only

Parent/Guardian Name: _____
(Print name)

Parent/Guardian Name: _____
(Print name)

Student's Signature: _____ Date: _____