

**LOS RIOS COMMUNITY COLLEGE DISTRICT
SPECIAL ADMIT FORM FOR DUAL ENROLLMENT**

College:	<input type="checkbox"/> ARC	<input type="checkbox"/> CRC	
	<input type="checkbox"/> FLC	<input type="checkbox"/> SCC	
Term:	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Year:	20____		

1. STUDENT SECTION:

Name: _____ Los Rios Student ID #: _____
Last First Middle

Date of Birth: _____ Phone: _____ Email Address: _____

Current School Attending: _____ Grade Level: _____

Have you previously attended Los Rios classes as a Dual Enrollment student? Yes No

REGISTRATION:

Please use the Course Name(s) and 5-digit Class Number(s) from the Schedule of Classes to register. The college Admissions Office will process registration in the order listed below as available up to the number of desired courses as indicated below. This form may only be used to enroll at a single college; you may also submit an add/drop request to the college Admissions Office. **Registration is limited district-wide to a maximum of 11 units a semester; in the event you enroll in more than 11 units, the college will drop you from the excess courses.**

1. _____ 2. _____ 3. _____
Course Name / 5-digit Class Number Course Name / 5-digit Class Number Course Name / 5-digit Class Number

4. _____ 5. _____ 6. _____
Course Name / 5-digit Class Number Course Name / 5-digit Class Number Course Name / 5-digit Class Number

I have entered my requested enrollment in order of preference, please enroll me as courses are available up to ____ classes.

By signing below, I agree to and affirm the following:

- I will be at least 14 years old or have started ninth grade by the start of the classes in which I intend to enroll.
- I understand grades I earn in college courses will be reflected on my permanent college transcript.
- I understand college coursework may include materials of an adult/mature level irrespective of my age and faculty will not be expected to alter or adapt the approved course material for a younger audience.

Student Signature **Date**

2. PARENT / GUARDIAN SECTION:

Please review the expectations and policies above your student has agreed to and affirmed. By signing this form, I consent for my student to enroll in college courses subject to the expectations above and applicable policies.

Parent/Guardian Name Signature Parent Email Address Phone Date

3. SCHOOL OFFICIAL CERTIFICATION

High School Officials: I have determined the above-named student would benefit from advanced scholastic or vocational work and recommend admittance as a special part-time student at the community college. If my school has a CCAP agreement with the Los Rios Community College District, I acknowledge that my school shall submit to the college the names of students who will be enrolling in courses subject to the CCAP agreement for the purpose of enrollment.

If summer is selected above, I certify that the student has demonstrated adequate preparation for the course(s) in which the student intends to enroll this summer and that the student has exhausted all attempts to enroll in an equivalent course, if any, at our school over the summer. I also certify that I shall not recommend more than 5% of the total number of students who completed that grade immediately prior to this recommendation for summer enrollment within the Los Rios Community College District.

Adult School Officials: I recommend the above-named student be admitted to the college indicated above as a special part-time student to ensure a smoother transition from adult school to college by providing greater exposure to the collegiate atmosphere. I certify this student is currently enrolled in a program to obtain a high school diploma or high school equivalency certificate in an adult school.

If signing as a designee for a high school principal or adult school administrator, the designee certifies that they have been duly authorized by the high school principal or adult school administrator to sign this form on their behalf.

School Official Name Title Signature Phone Date

Los Rios Community College District – OFFICE USE ONLY:			
Received by: _____	Date: _____	Approve	Deny Initials: _____ Date: _____

SPECIAL ADMIT FORM INSTRUCTIONS

Please complete this form to request special admission (dual enrollment) to one of the Los Rios colleges to enroll in college courses while you are enrolled in high school or in an adult education program in pursuit of your high school diploma.

All students seeking enrollment are encouraged to meet with a college counselor and/or success coach to plan and discuss support options available at the college. Additionally, dual enrollment students are encouraged to communicate regularly with their advisors at their current school to discuss educational goals, develop plans and discuss support options at their primary school.

Please complete the steps below based on which statements apply to you:

I AM PLANNING TO TAKE ENGLISH OR MATH/STATISTICS AT COLLEGE WHILE ENROLLED IN HIGH SCHOOL OR ADULT SCHOOL

- Please attach a copy of your high school or adult school transcripts with this application to the college for placement in English and Math. You may also provide your transcript to the college for placement later if you are not planning to enroll in English or Math in your first college semester.

I AM A HIGH SCHOOL STUDENT ATTENDING A PUBLIC OR PRIVATE HIGH SCHOOL IN CALIFORNIA

- Please complete section 1 with your information
- Please have your parent/guardian complete section 2 even if you are or will be over the age of eighteen in your first college semester.
- Please have your high school principal, or their designee, complete section 3

I AM A HIGH SCHOOL STUDENT ATTENDING A HOME SCHOOL PROGRAM IN CALIFORNIA

- Please complete section 1 with your information
- Please have your parent/guardian complete section 2 even if you are or will be over the age of eighteen in your first college semester.
- Please have your home school principal, or their designee, complete section 3
- Please attach a copy of your private school affidavit if your home school is not affiliated with a public school district.

I AM UNDER THE AGE OF EIGHTEEN, NOT ATTENDING HIGH SCHOOL, AND HAVE NOT GRADUATED HIGH SCHOOL

- Please complete section 1 with your information
- Please have your parent/guardian complete section 2
- If applicable, please have your school principal, or their designee, complete section 3
- Please attach a letter from your parent/guardian petitioning for your admission to the college as a special part-time or special full-time student. This letter should provide context explaining your college readiness and how you would benefit from advanced scholastic or vocational work at the college level. If your parent/guardian is recommending you attend full-time, documentation showing you have been granted permission from your school district's governing board to attend community college full-time should be attached to support the petition.

I AM AN ADULT SCHOOL STUDENT ATTENDING A HIGH SCHOOL DIPLOMA PROGRAM

- Please complete section 1 with your information
- Please have your adult school administrator, or their designee, complete section 3

SUBMITTING THE FORM TO THE COLLEGE

Please submit the completed form and any attachments using the college Dual Enrollment website. Once your form is submitted, you will be notified within 7 business days of the determination and provided additional instruction to register for courses.