

**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

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