



Dual Enrollment and High School Guest Student Registration

To maintain and verify accurate directory information, **a copy of your state- issued photo identification** is required at the time of registration for first time students. Please attach a copy and submit with this application. In the absence of state-issued photo identification, please provide a copy of your birth certificate.

Complete these steps and return form to any JCC location or fax to (517)265-5450

1. Complete Sections I & II.
2. Meet with your high school counselor to select courses and obtain approval in Section III.
3. Return this form to JCC along with your most recent high school transcript with ACT/SAT scores or a copy of your ACT/PLAN or SAT/PSAT scores.
4. Students may also be required to complete JCC's Course Placement. See your counselor or a JCC advisor for details.
5. Submit a new registration form for each semester that you plan to attend JCC as a dual enrolled student.

SECTION I - DEMOGRAPHIC INFORMATION (COMPLETED BY STUDENT)

When do you plan to enroll? (year)

- Fall Semester (August – December)
 Spring/Summer Semester (May – August)
 Winter Semester (January – May)
 Valid Only for the Semester Checked

NAME (Please use your legal name)

LAST	FIRST	MIDDLE

ADDRESS

NUMBER AND STREET	<input type="checkbox"/> PO BOX OR <input type="checkbox"/> APARTMENT NUMBER

CITY	STATE	ZIP CODE

TELEPHONE

HOME	ALTERNATE TELEPHONE NUMBER	ext	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> CELL	<input type="checkbox"/> OTHER _____

E-MAIL

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SOCIAL SECURITY NUMBER*

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DATE OF BIRTH*

M	M	D	D	Y	Y	Y	Y

*Social Security Number and Date of Birth is used to fulfill federal and state reporting requirements and is not used to determine admission to Jackson Community College.

EMERGENCY CONTACT TELEPHONE

HOME	ALTERNATE TELEPHONE NUMBER	ext	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> CELL	

EMERGENCY CONTACT NAME _____

RELATIONSHIP _____

ETHNICITY (OPTIONAL)

1. Are you Hispanic or Latino? Yes No
2. Select one or more as appropriate:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White	

NON U.S. CITIZENS ONLY

ALIEN RESIDENT NUMBER	HOME COUNTRY
VISA TYPE	<input type="checkbox"/> F1 STUDENT <input type="checkbox"/> B VISITOR <input type="checkbox"/> H WORKING <input type="checkbox"/> OTHER _____

Attach copy of documentation for admission. Contact JCC @ VO-TECH at (517)265-5515 for details.

SECTION II – ACKNOWLEDGEMENT (SIGNED BY THE STUDENT & PARENT/GUARDIAN)

As a dual enrollment or high school guest student at Jackson Community College, I certify that all of the answers on this form are complete and accurate to the best of my knowledge. I agree to become knowledgeable about Jackson Community College’s policies and procedures and abide by them, including policies related to the adding and dropping of courses. I understand that I am creating a permanent JCC academic record if I choose to receive college credit for the courses listed on this form. I understand that withdrawal from a course(s) may impact my future ability to receive certain forms of financial aid and my eligibility to play in college athletics. Upon completion of the semester, I authorize JCC to send course grades to my high school if the school is paying for the course(s).

_____/_____
 Student’s Signature Date

As parent/guardian, I authorize my dependent to enroll at Jackson Community College and understand that I am responsible for all tuition and fees not covered by the school district (billing information will be sent to student’s home address if tuition and fees are not covered by school district). I understand enrollment creates a permanent college transcript and I concur with the high school official regarding course selection.

_____/_____
 Parent/Guardian’s Signature Date

**SECTION III – PERMISSION & BILLING AUTHORIZATION
 (COMPLETED BY SECONDARY SCHOOL OFFICIAL)**

I certify that _____ Anticipated Graduation Year _____
(Name of Student)

Is currently enrolled at _____ and

- Meets the conditions outlined in the Michigan Postsecondary Enrollment Options Act (www.michigan.gov/mde) and
- Has received the prescribed counseling required under the Postsecondary Enrollment Options Act from the high school and
- Understands that granting of credit toward high school requirements rests entirely with the high school

It is understood that if school district is paying for course(s)

- Jackson Community College will send a written notice to the school district indicating the course(s) enrollment information
- Jackson Community College will send a bill to the school district after conclusion of JCC’s add/drop period for the course(s)
- Jackson Community College will send the school district the grades for courses paid for by the high school

COURSE INFORMATION MUST BE COMPLETED BY THE HIGH SCHOOL. DO NOT LEAVE SECTION BLANK.

CHECK ONLY ONE BOX IN AREA BELOW

Circle A = Add D = Drop	Course Letters and Section (Example: SOC 231 01)	Meeting Days	Meeting Time	JCC Credit	Both HS & College Credit	HS Credit Only	Audit – No credit; No grade
A D							
A D							
A D							

_____/_____
 School Counselor’s Signature Date

The high school/ISD agrees does not agree to pay for tuition and fees for dual enrolled student.

_____/_____
 School Official’s Signature Date

Please complete school billing address information below if tuition and fees will be covered by school district.

Billing Address: _____

Comments:

JCC Office Use Only:

_____/_____/_____
 Staff Initials Date
 Enrollment Services – Rev 11/8/06 300c