



DUAL ENROLLMENT AND HIGH SCHOOL GUEST STUDENT REGISTRATION

JC is FERPA compliant and only releases information to authorized institutions. Contact the Registrar's office for more information and options for non-disclosure.

Complete these steps and return the form to any JC location or Upload to www.jccmi.edu/securedocuments.
Registration & Records Documents

Complete Sections I and II

1. Meet with your high school counselor to select courses and obtain approval in Section III.
2. Submit a new registration form for each semester that you plan to attend JC as a dual enrolled student.

SECTION I – DEMOGRAPHIC INFORMATION (COMPLETED BY STUDENT)

When do you plan to enroll? year **HIGH SCHOOL GRADUATION YEAR**

VALID ONLY FOR THE SEMESTER CHECKED Fall Semester (August – December) Spring (May – August)
 Winter Semester (January – April)

NAME (Please use your legal name)

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST	FIRST	MIDDLE INITIAL

GENDER
 Male
 Female

ADDRESS

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE	

Jackson College is committed to providing the best customer service possible while protecting our students' privacy. Exemplary customer service can include friendly reminders and messages. By providing a message phone number, I consent to JC leaving messages (voicemail, text messages and/or verbal messages with any person who answers at this number) with specific information related to JC (course enrollment, appointments, advising, financial aid, payments, admission, etc.).

<input type="text"/>	<input type="text"/>	<input type="text"/>
MESSAGE PHONE	CELL PHONE	HOME PHONE

E-MAIL

SOCIAL SECURITY NUMBER*

DATE OF BIRTH*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 College.

EMERGENCY CONTACT TELEPHONE

<input type="text"/>	<input type="text"/>	EXT. <input type="text"/>
HOME PHONE NUMBER	ALTERNATE PHONE NUMBER q BUSINESS q CELL	

EMERGENCY CONTACT NAME **RELATIONSHIP**

ETHNICITY (OPTIONAL)

1. Are you Hispanic or Latino? Yes No
2. Select one or more as appropriate:
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

NON U.S. CITIZEN ONLY

<input type="text"/>	<input type="text"/>
ALIEN RESIDENT NUMBER	HOME COUNTRY

VISA TYPE: F1 STUDENT B VISITOR H WORKING OTHER

ATTACH COPY OF DOCUMENTATION FOR ADMISSION. CONTACT ENROLLMENT SERVICES OFFICE AT 517.796.8425 FOR DETAILS.

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

As a dual enrollment or high school guest student at Jackson 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 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 JC academic record. 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. I authorize JC to send registration information/grades to my high school, when the school is paying for the course(s). I further acknowledge that I am aware that some college courses contain adult content.

Student's Signature

Date

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

Parent/Guardian's Signature

Date

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

I certify that _____ is currently enrolled at _____
(NAME OF STUDENT) (NAME OF SCHOOL)

AND

- Meets the conditions outlined in the Michigan Postsecondary Enrollment Options Act (www.michigan.gov/mde);
- Has received the prescribed counseling required under the Postsecondary Enrollment Options Act from the sponsoring school;
- Understands that granting of credit toward high school requirements rests entirely with the sponsoring school; **and**
- Has demonstrated the skills and abilities to successfully complete the college courses recommended.

It is understood that if the secondary school is paying for course(s):

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

COURSE INFORMATION MUST BE COMPLETED BY THE HIGH SCHOOL – DO NOT LEAVE SECTION BLANK				PLEASE CHECK ONLY ONE BOX IN AREA BELOW			
CIRCLE A = ADD D = DROP	COURSE LETTERS AND SECTION (EXAMPLE: SOC 231 01)	MEETING DAYS	MEETING TIME	JC CREDIT ONLY	BOTH HS & COLLEGE CREDIT	HS CREDIT ONLY	AUDIT NO CREDIT; NO GRADE
A D							
A D							
A D							

School Counselor or Designated School Official Signature

Date

_____ agrees does not agree to pay for tuition and fees for dual enrolled student.
(NAME OF SCHOOL)

School Official Signature

Date

PLEASE COMPLETE SCHOOL BILLING INFORMATION BELOW IF TUITION AND FEES WILL BE COVERED BY THE SCHOOL.

Billing Address: _____

Comments: _____

JC OFFICE USE ONLY

Staff Initials

Date

REV 06.19.18