CLATSOP COMMUNITY COLLEGE
RUNNING START REFERRAL FORM

STUDENT & PARENT: Please complete the following.

Student's Name________________________________**Birth date**________________________________

Mailing Address____

Street/Post Office Box **City** **State** **Zip Code**

High School: ☐ **IHS** ☐ **NHS** **Grade level:** J☐ S☐ **Graduation Year:** ___________________

Email ____

Cell Phone:________________________________ **Home Phone**__________________________________

☐ **Check here if you would like your CCC advisor to reach you by text message**

Social Security #__________________________

SOCIAL SECURITY STATEMENT: Providing your social security number is voluntary. If you provide it, Clatsop Community College will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Please read the statement on the last page of the class schedule, which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described.

I authorize the release of the ACCUPLACER placement test results, grades, progress or billing information to my parent or guardian named below and to the high school named above.

Student's Signature____________________________________ **Date** ______________________________

I hereby declare that my son/daughter's physical condition does not limit their participation in the classes he/she will attend at Clatsop Community College. I will not hold the college or instructors liable for any damage caused by error in my assessment of their physical condition. I also accept financial responsibility for any tuition or fees associated with classes that are not paid by Running Start. ***All tuition and fees due by the end of the first week of classes. Following the first week late fees will apply. Running Start Verification forms must be received by the college before tuition is moved to the high school account. A delay in turning in this form may cause late fees.***

I authorize my son/daughter to take classes during the 2018/19 academic school year.

Parent/Guardian Signature______________________________ **Date** __________________

HIGH SCHOOL COUNSELOR: Please complete the following.

- ☐ The above named student meets the following criteria for referral and should be scheduled for assessment.
- ☐ The student has a minimum 2.5 cumulative high school grade point average.
- ☐ The student is making satisfactory progress toward high school graduation.

Student's goal is: ☐ Transfer Degree or ☐ Professional/Technical (Vocational) Focus area:_______________

____ **Date** ______________________________

Signature of High School Counselor or Administrator

Please FAX this form to: 503-338-2505 or

MAIL to: Clatsop Community College - *RUNNING START* - 1651 Lexington Ave., Astoria, OR 97103

Revised 04/18/2017