



Under 18 Registration Petition

Please submit with Add/Drop Form

PART I: Student Information

Instructions: Part I and Part 2 of this petition must be completed and approved by instructor before you register for courses.

Last Name (Please Print)	First Name	M.I.	Date of Birth
Street Address	City	State	Zip
Email	Phone		
Student Signature		Date	

PART II: Parent/Guardian Information

I understand that approval of this petition may depend on the ability of my son/daughter to pass the College's ACCUPLACER, placement evaluation, and that the Registrar's Office will determine if the evaluation is needed to be successful in the petitioned course.

I hereby declare that my student's physical condition does not limit their participation in the class(es) they will attend this term. I will not hold the college, high school or instructor liable for any damage caused by error in my assessment of their physical condition. I certify under penalty of perjury that all statements made by me on this petition form are true, accurate and complete.

By signing this petition I also accept financial responsibility for the tuition and fees associated with this class.

Parent/Guardian (Please print)

Parent/Guardian Phone Number

Signature of Parent/Guardian

Date

Submit Completed Form:

In person: Student Services Welcome Center, Columbia 109 | (503) 338-2411

Mail: Welcome Center, Clatsop Community College, 1651 Lexington Ave, Astoria, OR 97103

Email: registration@clatsopcc.edu