

## **Under 18 Registration Petition**

Please submit with Add/Drop Form

## **PART I: Student Information**

Instructions: Part I and Part 2 of this petition <u>must be completed and approved by instructor</u> 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)

Signature of Parent/Guardian

Parent/Guardian Phone Number

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

Clatsop Community College is an affirmative action, equal opportunity institution. ADA accessible. For the complete Non-Discrimination and Accomodations statements, please visit https:// www.clatsopcc.edu/ada.

Clatsop Community College es una institución de igualdad de oportunidades y de discriminación positiva. Para las declaraciones completas de No-discriminación y de Ayuda a las personas discapacitadas, por favor visite https://www.clatsopcc.edu/ada.