

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

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