

# Enrollment Petition: For Students Under the Age of 18

This form is for students that are not participating in approved Simultaneous Enrollment, dual enrollment, or tec prep programs.

## PART 1: STUDENT INFORMATION

Instructions: Before you register for a course Part 1 and Part 2 of this petition must be completed and approved. Then return petition to the Registrar's Office.

\_\_\_\_\_  
Student's name (Please print)

\_\_\_\_\_  
Clatsop ID # or SS#

\_\_\_\_\_  
Student's Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of school student is attending or last attended

I am requesting permission for my son/daughter to register for:

Course Number/Title: \_\_\_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_ 20\_\_

I understand that approval of this petition may depend on the ability of my son/daughter to pass the College's COMPASS 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 son/daughter's physical condition does not limit their participation in the class(es) he/she will attend this term. I will not hold the College 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. 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 of Petition

If approved, the College reserves the right to terminate or rescind individual approvals at any time.

### PART 2: INSTRUCTOR'S ACTION

I do \_\_\_ do not \_\_\_ believe the student participating in this class would pose a health or safety risk to himself/herself or others.

Explain: \_\_\_\_\_

Approved \_\_\_ Not Approved \_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Instructor's Name (Print)

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

Clatsop Community College is an affirmative action, equal opportunity institution

Forms/EnrollmentPetition.UpDate9/12/12,SSC