



Under 18 Registration Petition

Please submit with Add/Drop Form

PART I: Student Information

Instructions: Part 1 and Part 2 of this petition must be completed.

First Name	Last Name (Full Legal 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: First Stop (Formerly the Welcome Center) Columbia 109 | **Tel:** (503) 338-2411

Mail: First Stop, Clatsop Community College, 1651 Lexington Ave, Astoria, OR 97103

Email: firststop@clatsopcc.edu

Clatsop Community College is an affirmative action, equal opportunity institution. ADA accessible. For the complete Non-Discrimination and Accommodations 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>.