



SC Student ID: _____

High School: _____

Term: Fall 20____ Spring 20____

Concurrent Enrollment Registration Form

An application for admission must be on file to be eligible to register for classes. This Concurrent Enrollment registration form must be submitted each term for credit and completed by the student and signed by all appropriate parties.

I. Personal Information

Legal Name: _____
Last First Middle Preferred Nickname: _____

Mailing Address: _____
Number & Street or PO Box City State Zip Code

Date of Birth: _____ Cell Phone: _____ Personal Email: _____

II. Approved Course Selection

- Students must satisfy all course prerequisites and provide placement test scores where needed. Registration cannot be processed unless documentation of scores is attached or on file at the college.
- All students using this registration form will follow the College's official timelines, catalog, policies and procedures.

Concurrent Courses

Course Number (ex: ENGL 1010)	Course Title	Instructor	HS Class Period	Credit Hours	Test Scores
					ACT Math: _____ Reading: _____
					Accuplacer Math AAF: _____ Math AR: _____ Reading: _____

IV. Approval (Must Be Complete)

A. Release of Student Information to Parents

A student's higher education is protected by the Family Educational Rights and Privacy Act of 1974. The release of student information to a student's parents, by either the high school or the college, will be governed by the federal law. The college will not release academic information to a student's parents without the student's express written consent. FERPA release forms must be signed by the student in the Registrar's office every semester.

B. Adding or Dropping Courses

Once you have registered for any course (s) and then find you must adjust your schedule by dropping a course, you need to complete the High School Course Management Form (drop & refund deadlines will apply). The form is available through your high school counselor or Sheridan College Advisor. Course Management Forms must be signed by student, parent and High School Counselor.

By signing below, I, the student, authorize NWCCD to release information to my high school. I understand that information may be released orally, electronically, or in the form of copies of written records. I understand that any misrepresentation of the facts may result in the immediate cancellation of my student application or registration. I understand that my grades for this class(s) will become part of my permanent college record/transcript, and may impact my future eligibility for financial aid.

Student Signature

Date

Parent/Guardian approval for students under 18 years of age indicates acceptance of the course (s) taken.

Parent/Guardian Signature – (if student is under 18 years of age)

Date

The undersigned high school official hereby approves of this student enrolling in the course (s) listed above and certifies that the student meets the requirements for enrollment. Course(s) shall be counted towards the graduation requirements of the district and shall be made a part of the participating student's records maintained by the district." (Wyoming statute 21-20-201)

High School Counselor/Administrator Signature

Date

