



High School FastTrack Permission Form

Academic Year 20 ____ - 20 ____

Tuition Paid _____
Textbooks Amt. Paid _____
Initials _____

Please Print NAME

LAST _____ FIRST _____ MIDDLE _____
 S.S. # _____ Date of Birth - Mo. _____ Day _____ Year _____
 Email _____ Phone _____ Alternate phone _____
 Street Address _____ City _____ State _____ ZIP _____

Are you a Kansas resident? Yes No

Date Kansas residency began _____ Legal County of residence _____

High School: _____	Anticipated HS Graduation Date: _____
<p>Cowley College may release your college grades and academic record to your high school. Do you also wish to grant permission to Cowley College to discuss your academic and financial records with your parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list name(s) _____</p>	

TO BE SIGNED BY THE STUDENT	
<p>I certify that the information that I have completed on this form is correct. I also understand that there are minimum assessment and program standards that I must adhere to in order to be accepted and remain in courses at Cowley College. Failure on my part to maintain minimum performance standards and comply with College program requirements may result in my dismissal from the program.</p> <p>Date _____ Student Signature _____</p>	
TO BE SIGNED BY THE PARENT/GUARDIAN	
<p>I understand my student is enrolling in college coursework and I am responsible for any applicable financial obligations</p> <p>Date: _____ Parent/Guardian Signature: _____</p>	

TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL	
<p>I certify that the above named student is enrolled as at least a high school sophomore, or is certified as "gifted" with an IEP (copy must be attached) that specifies college study, and has permission to enroll at Cowley County Community College for college credit during the 20____ - 20____ academic year. I understand that failure by the student to comply with College and program requirements may result in student dismissal from the concurrent program. Signature of High School Principal _____ Date _____</p>	

High School counselor: Complete GPA information below and submit a current high school transcript to verify minimum GPA requirements have been met.

(2.00 GPA for Vocational Programs and 2.75 for Academic Coursework) GPA _____ H.S. Counselor _____

CTE Internal Use Only 1 st or 2 nd Year	PROGRAM NAME: _____ Location: AC MU WL	TIME: AM or PM
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