



# High School FastTrack Permission Form

Academic Year 20\_\_\_\_-20\_\_\_\_

Tuition Paid _____
Textbooks Amt. Paid _____
Initials _____

Please Print NAME

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Date of Birth – Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email \_\_\_\_\_ Cell 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: _____
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Cowley College may release your college grades and academic record to your high school. However, in order for Cowley College to discuss your academic and financial records with your parent/guardian you (the student) must first grant permission by submitting the FERPA Permission form found in your Tiger Connect account.

The high school counselor’s signature certifies that they have communicated the following information to the appropriate person listed below; whom acknowledges and agrees to the listed information.

**Student:**

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.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent:**

I understand my student is enrolling in college coursework and I am responsible for any applicable financial obligations.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**High School Principal:**

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 College for college credit during the above-indicated academic year. I understand that failure by the student to comply with the College and program requirements may result in student dismissal from the concurrent program.

Principal signature \_\_\_\_\_ Date \_\_\_\_\_

High School counselor should 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 signature \_\_\_\_\_ Date \_\_\_\_\_

CTE Internal Use Only	PROGRAM NAME: _____	TIME: AM or PM
	Location: AC MU WL	

1<sup>st</sup> or 2<sup>nd</sup> Year