Foothill College
HIGH SCHOOL PERMISSION FORM

STUDENT INFORMATION

Name: _____
(Last) (First) (Middle)
Date: _____
Term: _____

Name of High School: _____
Social Security No. _____
Date of Birth (MMDDYYYY): _____

PARENTAL APPROVAL:

1. Credit courses are COLLEGE courses and will remain on the student's permanent record even if the secondary school uses the course work as High School credit.
2. All pre-requisite course work or assessment testing needs to be completed prior to enrollment.
3. I understand that according to State and Federal laws, Foothill College is not allowed to change information regarding the student's records, or allow parental access to the student's records, without the student's written consent.
4. I understand that there will be no supervision provided for students prior to or after classes.
5. I understand that the coursework will include college level content, which may include mature material.
6. I understand that the District is authorized to evacuate students in case of an emergency.
7. I understand the student will have completed the 10th grade at time of enrollment.

My child has permission to enroll in the listed courses at Foothill College.

Parent or Guardian Signature:

_____ Date: _____

PRINCIPAL/ADMINISTRATOR APPROVAL:

1. The student listed is a junior or senior and is a regularly enrolled student at our school and has permission to take the following courses at Foothill College.

_____ _____ _____

2. The student is able to benefit from advanced scholastic or vocational work at Foothill College.
3. For Summer Session only: The student has demonstrated adequate preparation in the disciplines to be studied and has availed himself/herself of all opportunities to enroll in an equivalent course at his/her school of attendance, and does not exceed the five percent statutory limit.
4. Enrollment of this student is within the 5% statutory limit as defined by section 76001(i) of the California Education Code.

Guidance Counselor Signature: _____

_____Date: _____
Principal/Administrator Printed Name:

_____Date: _____
Principal/Administrator Signature:

Principal/Administrator Phone Number: _____

Name of School: _____ **Affix Official School Seal**

Please mail, FAX or turn these forms in to:
Foothill College Admissions and Records, Permission Form, 12345 El Monte Rd. Los Altos Hills, CA 94022 Fax (650) 949-7048

If you have any problems call (650) 949-7325 or
e-mail (include your name and SS#) webregfh@mercury.fhda.edu