



Early

Admission Registration Form

OFFICE
USE
ONLY

Power Campus #: _____
Term: _____
Entered by: _____

INSTRUCTIONS (PLEASE PRINT)

Participation is voluntary and requires payment of college tuition. Complete this form in full **ONLY** if you choose to participate. Parent and student signatures are both required.

We reserve the right to have a student return to their home school at any point if we feel they will be unsuccessful.

GENERAL INFORMATION

To be completed by the student.

NOTE: If you live in a county other than Fulton or Montgomery, you must submit a Certificate of Residency once per school year.

Social Security # _____

Phone: Home Cell _____

Student Name _____ Birth Date _____
FIRST MIDDLE LAST MONTH DAY YEAR

Address _____ or PO Box # _____

City / State / Zip _____ County _____

Recommendations (to be completed by the appropriate high school official)

It is our recommendation that this student be allowed to participate as an Early Admission Student. We base this recommendation upon (check A or B):

A. _____ the fact that this student is currently ranked in the top one-half of their graduating class, and that the student possesses an appropriate combination of academic ability and personal maturity. (Required of students who take courses upon which high school graduation depends.)

In order to satisfy high school graduation requirements, the student must successfully complete courses at FM which represents the following:

High School Requirements

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Specific FM courses (if necessary)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

B. _____ the fact that this student will be taking classes for exploration only. No classes taken will be required for graduation from high school.

Guidance Counselor Signature _____ Date _____

High School Name _____

STUDENT SIGNATURE

To be completed by the student.

- It is my desire to participate in the FM Early Admission Program. I understand the academic and financial responsibilities associated with participation in this program.
- I certify that the information on this registration form is correct. False information or omission of data may result in denial of participation or dismissal.
- I give permission to release information about my enrollment and grades to my High School Guidance Office.
- I give permission to release information about my records to my parents/guardians.

NAME RELATIONSHIP NAME RELATIONSHIP

Student Signature _____ Date _____

PARENT CONSENT

To be completed by the parent or guardian.

I hereby give permission and consent for my son/daughter to participate in the Early Admission Program at Fulton-Montgomery Community College. I understand the academic and financial responsibilities associated with participation in this program.

Parent Signature _____ Date _____

Dear Guidance Counselor, please forward completed registration form to FM Admissions, 2805 State Hwy. 67, Johnstown, NY 12095