

OFFICE USE ONLY:

Power Campus #: _____

Term: _____

Entered By: _____

INSTRUCTIONS *(please print):*

Please complete this form in full. Student and School Representative signatures are **both** required.

I have enrolled in and completed College in the High School courses with FM: Yes or No

GENERAL INFORMATION *(to be completed by the student)* High School: _____

SOCIAL SECURITY NUMBER _____ PHONE # (_____) _____

STUDENT NAME _____ BIRTH DATE _____
First M. Last Mo. Day Year

ADDRESS _____ or PO BOX #: _____

CITY/STATE/ZIP _____ COUNTY: _____

CHOOSE THE COURSE(S) YOU WANT TO TAKE AS PART OF THE Advanced Pathway College Credit program:

Consult with your high school guidance counselor to determine the courses offered through the program. A student may enroll in no more than 11 credits per semester. Indicate below the course or courses for which you wish to enroll.

Course Credits	Course Number and Section	Course Name	Teacher's Name
3	XXX123-99	Orientation	Mr. John Doe

STUDENT SIGNATURE *(to be completed by student)*

- It is my desire to participate in the Advanced Pathway College Credit program. I understand the academic responsibilities associated with participation in this program.
- I certify that the information on this application is correct. False information or omission of data may result in denial of participation.
- 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 listed:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Student Signature: _____ Date: _____

PARENTAL CONSENT *(to be completed by School District representative)*

- Parental permission and consent for the above student has been received by _____ School District to participate in the Advanced Pathway College Credit program through Fulton-Montgomery Community College. (Please attach a copy to this form)

Signature/Title: _____ Date: _____