



# College in the High School 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. Return this application to your teacher by the deadline announced in class. Registration forms will not be processed after the collection date.

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

Birth Date \_\_\_\_\_  
MONTH DAY YEAR

Address \_\_\_\_\_ or PO Box # \_\_\_\_\_

City / State / Zip \_\_\_\_\_ County \_\_\_\_\_

### CHOOSE THE COURSE(S) YOU WANT TO TAKE FOR COLLEGE CREDIT

A full listing of courses taught at your school can be found at: [fmcc.edu](http://fmcc.edu)

Review the course titles, cost and drop/withdrawl deadlines before deciding to enroll.

You may enroll in a  
**MAXIMUM of 11 credits**  
(3 courses) per semester.

COURSE CREDITS	COURSE COST	COURSE NUMBER AND SECTION	COURSE NAME	TEACHER'S NAME
3		XXX123-99	Orientation	Mr. John Doe

### STUDENT SIGNATURE

to be completed by the student.

- It is my desire to participate in the FMCC College in the High School 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 \_\_\_\_\_

### PARENTAL CONSENT

to be completed by parent or guardian.

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

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION FORMS WILL NOT BE PROCESSED AFTER THE PICKUP DEADLINE.** If your son or daughter enrolls for college credit and then changes their mind, you must notify the FMCC Registrar's Office to cancel their college enrollment. The date you notify FMCC will determine if payment will be required. Please see the FMCC College in the High School Web page for specific dates.

**FMCC Registrar's Office**  
(518) 736-FMCC (3622),  
ext. 8141 or 8700  
email: [registrar@fmcc.suny.edu](mailto:registrar@fmcc.suny.edu)