

Minor Enrollment Form

Formulario de inscripción de menores

| | Date of Birth: | |
|---------------------------|------------------------------|--|
| Name: | Email: | |
| SBCC Student ID Number: K | Phone: | |
| | Semester: Fall Spring Summer | |

| <u>Add</u> Agregar | <u>Drop</u> Dar de baja | Section CRN # de sección de la clase | <u>Subject</u> Nombre de la clase | Submitting this form does not guarantee reg- istration into your course. Registration is processed on a first come, first serve basis as long as the courses are not full (closed). |
|-----------------------|----------------------------|--|---|--|
| Add | | | | |
| Add | Drop | | | |
| Add | Drop | | | |
| Add | Drop | | | |

I would like to enroll in a SBCC NC class. I have read and agree to the Santa Barbara City College's (SBCC) Standards of Student Conduct. I understand that continued enrollment will be based on both reasonable progress and appropriate behavior. Student Signature: ______ Date: ______

Part II: To be completed by high school administrator (principal or assistant principal). Signature required if:

- Student is requesting to enroll in a class during regular K-12 hours or outside of their high school hours or while they are in intersession.
- Student is leaving their previous high school to enroll in SBCC noncredit AHS/GED program.

Homeschooled students must provide a California Private Home School Affidavit.

Classes / Program in which student plans to enroll:

| Administrator's Printed Name: _ | | Administrator's Signature: | |
|---------------------------------|--------|----------------------------|--|
| Title: | Phone: | Date: | |

Part III: To be completed by parent or legal guardian

The above student has my permission to enroll in the SBCC noncredit classes listed above. By signing this, I understand that my student is considered a SBCC noncredit (adult) student. I have also read and understand the FERPA policy as it pertains to my student. Parent or legal guardian must be present to submit form.

| Parent/Guardian Printed Name: | | | |
|-------------------------------|------------------|----------------------|--------|
| | ················ | For Office Use Only: | |
| Parent/Guardian Signature: | | | |
| | | Entered by: | Date : |
| Phone: | Date: | | |
| | | | |