

COMMUNITY COLLEGE ENROLLMENT REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1ST HOUR: \_\_\_\_\_ MONDAY: \_\_\_\_\_

2ND HOUR: \_\_\_\_\_ TUESDAY: \_\_\_\_\_

3RD HOUR: \_\_\_\_\_ WEDNESDAY: \_\_\_\_\_

4TH HOUR: \_\_\_\_\_ THURSDAY: \_\_\_\_\_

5TH HOUR: \_\_\_\_\_ FRIDAY: \_\_\_\_\_

6TH HOUR: \_\_\_\_\_

7TH HOUR: \_\_\_\_\_

\_\_\_\_\_ has my permission to enroll part time at the  
Community College as scheduled above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_ has my permission to enroll part time at the  
Community College as scheduled above.

\_\_\_\_\_  
Principal