

SECONDARY SCHOOL PERMISSION FORM



Personal Information

_____	_____	_____
Last Name	First Name	Student Number (if known)
_____	_____	_____
Secondary School and SD#	Date of Birth (mm/dd/yyyy)	P.E.N. Number
_____	_____	_____
Mailing Address	City, Province	Postal Code
_____	_____	_____
Telephone	E-mail	Current Grade

Applicant

I wish to receive Secondary School Credit or Dual Credit for my course.

_____ has my permission to access my student records, attendance, achievement and
(Secondary School)
Any information for, or pertaining to, my enrolment at College of the Rockies for the following period:

From: _____ to _____

I certify that the information contained in this application is complete and correct. I authorize the use of my name in various public relations publications, presentations, and announcements to promote the College of the Rockies.

X

Applicant's Signature

Date

Secondary School Permission

_____ has permission to register in the following post-secondary course(s)
Student Name

to earn secondary school credit*

to earn post-secondary dual credit**

X

Secondary School Principal / Counsellor

Date

X

College of the Rockies Advisor

***secondary school credit** – If the secondary school is not offering the course(s), and the district requests that the student enrol in order to meet graduation requirements, the student will not be charged course fees by College of the Rockies. College of the Rockies will assign a letter and percentage grade and submit to the secondary school.

****dual credit** – College of the Rockies will assign a letter and percentage grade and submit to the secondary school. The course will count as a secondary school course, and also as a post-secondary course. College course fees will be charged to the student.