

# CONCURRENT ENROLLMENT REGISTRATION

## PERSONAL INFORMATION

Social Security Number: \_\_\_\_\_ Datatel ID (Office Use Only): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name (Legal): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Female Male Other

School Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address

PO Box/Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ETHNIC INFORMATION

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

American Indian/Alaskan Native Asian Black/African American  
 Native Hawaiian/Pacific Islander White

## ACADEMIC INFORMATION

Name of High School: \_\_\_\_\_

Grade Level at Enrollment: Freshman Sophomore Junior Senior

Anticipated High School Graduation Year: \_\_\_\_\_

Are you currently on an IEP or 504 plan? Yes No

## ENROLLMENT INFORMATION

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Synonym	Section & Course #	Course Title	Start/End Time	Day(s)	Instructor	Site

Registration will be revoked without required high school official and student signatures.  
 Signatures valid for all course in current school year. See back side.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.**

**Concurrent Enrollment Course(s) Only:**

I understand that I am enrolling in an Iowa Lakes Community College credit course(s). An official Iowa Lakes Community College transcript will be generated and become part of my permanent academic record. Course(s) include online, contracted, or career academy classes in which the local school district has an approved contract with Iowa Lakes Community College for specific courses in which the student wishes to enroll. The student's high school counselor and/or principal should know which course(s) have been requested under contract agreements with Iowa Lakes Community College.

**Student & Authorizing School Official:**

The student signature on this form acknowledges the student's intent to enroll for course(s) at Iowa Lakes Community College and authorizes release of high school transcript. It is understood that Iowa Lakes Community College will share enrollment and grading information with the school district. Student signature also grants permission to Iowa Lakes Community College staff to survey students for research and development purposes. Student information gleaned from the surveys will be handled in a confidential manner. A student must be enrolled as a student in an eligible program for the purpose of obtaining a degree or diploma in order to receive financial aid or scholarships.

By his/her signature the student acknowledges he/she has read the withdrawal and refund procedure listed in the current class schedule. The student acknowledges they have read all parts of this form and accompanying instructions.

I certify all information I have supplied on this form and my supporting documents are true.

_____		_____
Signature of Student		Date
_____	_____	_____
Authorizing Signature	Position	Date

**Iowa Lakes Community College**  
Attn: High School Partnerships  
3200 College Drive  
Emmetsburg, IA 50536  
Phone: 800-242-5108 ext.5246  
E-mail: [khough@iowalakes.edu](mailto:khough@iowalakes.edu) or [rhalma@iowalakes.edu](mailto:rhalma@iowalakes.edu)