



<u>***Office Use Only***</u>
HACCid:
Term:
Last Name:

College Programs for High School Students

### APPLICATION FOR ADMISSIONS SIGNATURE PAGE

Your application is NOT complete until we receive this signature page along with high school transcripts. Please print this page, obtain the required signatures, and upload the document in the profile you created when completing your application or return it to [enroll@hacc.edu](mailto:enroll@hacc.edu).

Student Signature
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Birth date (mm/dd/yyyy)
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High School
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I, the parent/guardian, have reviewed this application for the Dual Enrollment Program and approve my dependent child's financial and educational responsibilities to participate with my signature below.

Parent/Guardian Signature (required if student is under age 18)
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(mm/dd/yyyy)
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Students participating in Free and Reduced Lunch programs may be eligible to receive a tuition reduction. If you DO NOT wish to be considered for this opportunity, please check this box.

#### High School Recommendation

I, the undersigned, have reviewed this application/enrollment form(s) with the student and attest to the school district support of the student participating in the HACC College Programs for High School Students. The student will be a high school junior or senior at the time of registration. I confirm all student information, to be accurate.

High School Counselor or Principal Signature
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(mm/dd/yyyy)
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Title
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