The High School Enrichment Program at the Community College of Rhode Island offers high school juniors and seniors the opportunity to pursue educational experiences not available to them in high school. It is a part-time program, whereby high school students may enroll in up to six (6) credits (or two courses) per semester. Qualified students may enroll full time in the Running Start Program. Information about the Running Start Program is available at www.ccri.edu/oes/admissions/partnerships/runningstart.html.

Course selection is made at the discretion of the high school guidance counselor. Students are required to complete this High School Enrichment application with the consent and advice of a parent/guardian, school counselor or school principal. Home-schooled students must have the application signed by their respective superintendent of schools. The student and parent/guardian should then bring the completed application with the selected courses to the CCRI Office of Enrollment Services to register. Registration may be contingent upon course availability, instructor agreement and prerequisite requirements.

For information about the “Prepare RI” dual and concurrent enrollment funding, please see www.RIDE.ri.gov.
The following information helps us comply with federal statistical reporting requirements only and will not, in any way, impact an admission decision on your application. Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories.

**Ethnicity:** (Not used for admission. Please check one.)*
- □ Not Hispanic
- □ Hispanic or Latino

**Race:** (Not used for admission. You may check more than one race.)
- □ American Indian or Native American
- □ Asian
- □ Black or African American
- □ Native Hawaiian or Pacific Islander
- □ White

Important information: One or both parents (biological or adoptive) earned a four-year degree □ Yes □ No
Single parent with custody of a child under 18 □ Yes □ No
Speaker of English as a second language □ Yes □ No
Displaced homemaker† □ Yes □ No

*Ethnicity/Race data reporting for federal purposes has changed. The selections that you see in this section are the choices as mandated by the federal government for higher education reporting purposes. Only statistical numbers are reported. No individual data appears on the federal reports.

†The term displaced homemaker refers to women or men who have worked mainly in the home for a minimum of two years caring for home and family. Due to loss of family financial support (usually through death, disability or divorce), these individuals must leave the home and seek to support themselves and their families.

**Please print clearly.**

Name __________________________ Student ID number __________________________

Date ________________ Semester __________________________ Expected year of graduation ____________

High school name __________________________ High school grade ____________

School counselor name __________________________ Telephone __________________________

(Please visit www.ccri.edu/catalog to determine if ACCUPLACER placement testing is required.)

Courses (Maximum of two courses per semester. Courses must be selected by your school counselor.)
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________

Other course options approved by the high school (See school counselor.)
___________________________________________________________________________________________________________________

**Required signatures**

Secondary school official __________________________
(Superintendent, principal or school counselor)

CCRI representative __________________________

Name __________________________ Title __________________________

**Agreements:**

**Authorization to release records by signing this application.**

I authorize the Community College of Rhode Island to release all education records (records include transcripts, semester course schedule, assessment test scores and residency information) to my high school counselor or his/her designee, my parent/guardian(s), the Rhode Island Department of Education and the RI Office of the Postsecondary Commissioner during my enrollment in dual enrollment courses at CCRI.

I certify that the information that I have provided on this application is true and correct. Further, by signing this form, I agree to abide by the rules and regulations at, and fulfill all financial obligations to, the Community College of Rhode Island.

Applicant’s signature __________________________ Application date ____________

If under age 18, signature of parent/guardian __________________________ Application date ____________
AUTHORIZATION TO RELEASE ACADEMIC RECORDS
Of Students Participating in Dual Enrollment

FERPA Release Form (Family Educational Rights and Privacy Act)

For students participating in dual or concurrent enrollment courses at CCRI, RIC, or URI.

I, _________________________________________________________________, hereby authorize the
Print Full Name

Community College of Rhode Island (CCRI), Rhode Island College (RIC), the University of Rhode Island (URI)
Circle the institutions where you will take concurrent or dual enrollment classes this semester.

to release all education records (including transcripts, semester course schedule, assessment test scores, satisfactory
academic progress status and residency information) to my high school counselor or his/her designee, my
parent/guardian(s), the Rhode Island Department of Education and the RI Office of the Postsecondary
Commissioner during my enrollment in dual enrollment courses, for the purposes of jointly gaining secondary
school and college credit.

I also understand this release remains in effect for one calendar year from the date it is received by CCRI, RIC or
URI, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at CCRI, the
Records Office at RIC, or the Enrollment Services Office at URI.

Initial ________________ I worked with my secondary school guidance counselor or school administrator to
choose my selected dual/concurrent enrollment courses as part of my high school credits.

High School ______________________________________________________

Student’s Signature _____________________________________________ Date _______________________

Parent’s Signature: ________________________________________________

If student is younger than 18, parent/guardian signature is required.

Office of Enrollment Services
Knight Campus, 400 East Ave., Warwick, RI 02886-1807, 401-825-2003