



HIGH SCHOOL ENRICHMENT PARENT HIGH SCHOOL COUNSELOR APPROVAL FORM

Program description

The High School Enrichment Program at the Community College of Rhode Island offers high school juniors and seniors an opportunity to pursue post-secondary educational experiences. It is a part-time program, whereby high school students may enroll in up to six (8) credits (or two courses) per semester:

Course selection is made at the discretion of the high school counselor. Students are required to complete and submit this form 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. Class 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.

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 _____

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For Office Use

If under age 18, signature of parent/guardian _____ Application date _____

CCRI APPLICATION 8/2022