

**HIGH SCHOOL STUDENT ENROLLMENT  
SCHOOL OF APPLIED TECHNOLOGY - SALT LAKE COMMUNITY COLLEGE  
PARENT/GUARDIAN PERMISSION FORM**

Student Name (PLEASE PRINT): \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_

As parent/guardian of the above student, I give my permission for my son/daughter to enroll in classes at the School of Applied Technology, Salt Lake Community College, beginning \_\_\_\_\_, 20 \_\_\_\_.

In addition, my signature below indicates I am in agreement and acknowledge the following:  
**Initial** that you have read each item:

\_\_\_\_\_ I understand financial aid and scholarships are not available through Salt Lake Community College for High School students. Additionally, I understand I may be held responsible for payment of applicable college fees in the event that my son/daughter does not pay.

\_\_\_\_\_ I understand that Pass/Fail grades received for courses taken through the School of Applied Technology will constitute the beginning of my son/daughter's permanent college transcript, and no notation regarding his/her High School status will be indicated therein. Additionally, I understand these transcripts may affect my son/daughter's admission to another college/university as well as eligibility for financial aid/scholarships in the future.

\_\_\_\_\_ I understand the college curriculum and extracurricular activities are designed for adult students (age 18 and over) and may contain material or subject matter of a more rigorous and/or mature nature than what is contained in a typical high school course or activity. The curriculum and/or activities may include controversial cultural, religious, political, aesthetic and human sexuality issues. I understand that my son/daughter will be expected to complete the same course requirements as other students in the course.

\_\_\_\_\_ I understand that Health and Wellness Services, including medical and psychological services, are not available to students under the age of 18 unless the following two conditions exist: 1) the student's need for health services applies to requirements in their program of study at SLCC, and 2) the student obtains parent permission to receive services.

\_\_\_\_\_ I understand that students are held to SLCC's Student Code of Conduct, available for review at [www.slcc.edu/deanofstudents/](http://www.slcc.edu/deanofstudents/)

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_