San Diego Community College District

Supplemental Application and Certification of Special Part-Time Joint High School Diploma Student

Student's Name (PRINT): _____ Student ID Number: _____

❑ City ❑ Mesa ❑ Miramar ❑ ECC ❑ Fall ❑ Spring ❑ Summer Year: 20 _____

Name: _____ Student ID Number: _____
(PRINT) Last First MI

Current Grade Level: _____ Expected High School Graduation Date: _____

Admission Regulations:

1. Students must have completed the 10th grade.
2. Students must have a Joint High School Diploma Program plan on file at their respective site.
3. A student may take a maximum of one course per semester or session. This maximum includes classes at City, Mesa, Miramar Colleges and ECC.
4. Students must satisfy prerequisites and eligibility requirements for each course.
5. Students must maintain a 2.0 grade point average each semester in all college work.
6. If the number of units of "W", "I" and "NP" exceed 40% in any semester or session the student will be academically disqualified.
7. Enrollment in Physical Education classes will not be permitted.
8. The course is advanced scholastic or technical.
9. Students will be given college credit for all courses. Grades will be part of the student's permanent college record.

Academic Standing Rules:

1. **Academic Probation/Disqualification**
   A joint diploma student whose grade point average falls below a 2.0 for all college work completed in the San Diego Community College District will be placed on academic **disqualification**. Probationary status will not apply.
2. **Lack Of Progress Probation/Disqualification**
   A joint diploma student shall be placed on lack of progress **disqualification** when the percentage of all units for which entries of "W", "I" and "NP" are recorded reaches or exceeds 40%. Probationary status will not apply.

I have read the Admission Regulations and Academic Standing Rules stated above and understand the eligibility requirements thereof.

Student Signature: _____ Date: _____

HIGH SCHOOL CERTIFICATION ***(to be completed by the high school)***

- This is to certify that: _____ at: _____ high school has my
  (Student's Name) (Name of High School)
  recommendation to attend community college based upon their ability to benefit from advanced scholastic work in accordance with California Education Code Section 48800.5.
- The above student is approved to attend the course listed below with the San Diego Community College District during the: ❑ Fall ❑ Spring ❑ Summer Year: 20_____

Course Number	Course Reference Number (CRN)	Subject Area	Units	Class Meets						
				Hours (Begin/End)	M	T	W	Th	F	S

- I certify that this student is not being claimed for ADA if the class meets during the regular school day.

Supervising Administrator Name: _____ Date: _____
(PRINT) Last First

Supervising Administrator Signature: _____

School Telephone: (_____) _____

High School Seal/Stamp

PARENT/GUARDIAN PERMISSION FOR MINOR CHILD TO ENROLL IN A COLLEGE CLASS

(to be completed by the Parent/Guardian)

I grant permission for my child, _____, to
(Student's Name)

enroll in the indicated class(es) listed herein during the: ❑ Fall ❑ Spring ❑ Summer Year: 20_____

Indicate College: ❑ City ❑ Mesa ❑ Miramar ❑ ECC

I understand that in accordance with state & federal law, I will not have the right to access my child's college records without their written consent or a court order.

Parent/Guardian Name: _____
(PRINT) Last First MI

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian signature required for all high school students – NO EXCEPTIONS

MINOR'S AUTHORIZATION CONSENT FOR MEDICAL TREATMENT

(to be completed by the Parent/Guardian)

- In cases of illness, injury or life threatening emergencies I hereby authorize San Diego City, Mesa and/or Miramar College Student Health Services staff to assess and treat my child.
- Permission is also granted to provide a referral to an outside physician and facility, if deemed necessary by health care providers.
- This permission does not cover special elective procedures requiring local anesthesia (suturing, biopsy, toenail removal). Parent/guardian will be contacted via telephone, and sent consent form for permission to perform these procedures.
- Per State law, parental permission is NOT required in cases of treatment of sexually transmitted disease and contraception (birth control).
- Nominal fees may be charged for laboratory, pharmacy and special procedures deemed necessary by health care providers at the college Student Health Services. Payment of these fees will be required at the time services are received.
- I authorize the college to provide medical treatment to my child in case of emergencies.

Parent/Guardian Name: _____
(PRINT) Last First MI

Parent/Guardian Signature: _____ Date: _____

ACCESS TO STUDENT RECORDS

(to be completed by the student)

I, _____, hereby authorize access to all of my academic records
(Student Name)

maintained by the San Diego Community College District to the individual or agency listed below:

_____

This authorization will be effective beginning: _____ through: _____
(Term) (Term)

Student Signature: _____ Date: _____

Distribution: Campus Admissions Office; Original sent to District Records Office at end of term