



San Diego Community College District

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

City Mesa Miramar Fall Spring Summer Year 20

Name: CSID Number:

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's Signature Date

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

- This is to certify that at school has my recommendation to attend community college based upon his/her ability to benefit from advanced scholastic work in accordance with California Education Code Section 48800.5.
He/she is approved to attend the course listed below with the San Diego Community College District during the:
Fall Spring Summer Year 20

Table with columns: Course Number, Course Reference Number, Subject Area, Units, Class Meets (Hours, 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 PRINT Name Signature

School Telephone Date



CSID Number
Student's Name (PRINT)

**PARENT/GUARDIAN PERMISSION FOR SON/DAUGHTER TO ENROLL IN A COLLEGE CLASS**

*(to be completed by the Parent/Guardian)*

- I grant permission for my son/daughter,

\_\_\_\_\_  
PRINT Name

To enroll in the indicated class below 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 his/her written consent or a court order.

Parent/Guardian \_\_\_\_\_  
PRINT Name 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 or Miramar College Student Health Services staff to assess and treat my son/daughter.
- Permission is also granted to provide referral to 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/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 son/daughter in case of emergencies.

Parent/Guardian \_\_\_\_\_  
PRINT Name Signature Date

**ACCESS TO STUDENT RECORDS**

*(to be completed by the student)*

I, \_\_\_\_\_, hereby authorize access to all of my academic records maintained  
PRINT full name

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

\_\_\_\_\_  
This authorization will be effective beginning \_\_\_\_\_ through \_\_\_\_\_  
(term) (term)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_