

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Graduation Date \_\_\_\_\_

School of Attendance \_\_\_\_\_ Grade Level \_\_\_\_\_ GPA \_\_\_\_\_

School Year \_\_\_\_\_ Quarter:  Fall  Winter  Spring  Summer

List your course choices in order of preference. You will only be enrolled in one course. Every effort will be given to enroll you in your first choice on a space available basis.

COURSE	SECTION	COURSE TITLE	CREDITS

Note: The student enrollment in the above course(s) is contingent on meeting all requirements and course availability.

**School Official Agreement:** It is my professional judgment that this student has the ability and maturity to complete the requested college class(es). Further, the School District acknowledges that the above student plans to enroll in courses at TVCC and agrees that this is appropriate for this student.

Counselor/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Agreement:** I understand that my child enrolling as a student at TVCC, assumes an obligation to conduct themselves in a manner compatible with an adult learning environment. TVCC is an adult community where adult behavior of all students is expected. In addition, as an adult, all college information is protected by FERPA (The Family Rights & Privacy Act of 1997) and information will not be released without the student’s permission. Upon entering the college, the student assumes responsibility for their actions, including registration, deadlines, and seeking assistance from the many services available to students.

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

**Student Agreement:** I acknowledge that I have read the contents of this form and understand what is expected of me, if I choose to enroll at Treasure Valley Community College. In addition, the TVCC Admission Office has permission to exchange information with the school district/ESD concerning my enrollment at TVCC and the high school.

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF INFORMATION (optional)**

I authorize the release of any information and materials pertaining to my enrollment at TVCC including grades, costs and enrollment status to: \_\_\_\_\_  
(Name of Parent/Guardian)

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TVCC Official: \_\_\_\_\_ Date: \_\_\_\_\_