North Shore Community College Early College Parent/Guardian Consent Form

*Required if student is under 18 years of age

Student Information	
First name:	
Last name:	
Date of Birth:	
High School:	
Name of course applying to (if known):	
I certify that I am 18 years of age or older and do not re	equire a parent/guardian signature:
SIGNATURE	DATE
Parent/Guardian Information (If under 18 years of age)	
First name:	
Last name:	
Relationship to student:	
Address:	
City:	
State:	
Zip code:	
Email address:	
Phone number (which can be contacted in case of emerge	ency):
I hereby grant permission for the student listed above to ap Shore Community College. I grant permission for the stude released by their high school to the college. Should the stu- to enroll in courses at the college.	ent's transcript and academic records to be
SIGNATURE	DATE