

Salt Lake Technical College – Salt Lake Community College

High School Student Enrollment – 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 Salt Lake Technical College (SLTC) at 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 SLTC 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](https://www.slcc.edu/deanofstudents/index.aspx), available for review at <https://www.slcc.edu/deanofstudents/index.aspx>

Parent/Guardian Name (PLEASE PRINT): _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____

Evening Phone: () _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____