



# Jumpstart Concurrent Enrollment Program High School Authorization Form

Semester \_\_\_\_\_ Year \_\_\_\_\_

High school students must submit this **completed form to their high school Jumpstart instructor**, no later than by the Friday of the first week of school. **This form requires the signature of the student, parent or legal guardian, and the high school Jumpstart designee.**

Type or print clearly using a black or blue ink pen. Do not use pencil.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home #      Street Name      Apt/Unit#      City      State      Zip Code

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ High School: \_\_\_\_\_ HS Graduation Year: \_\_\_\_\_

Student Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

CCSD Student ID # \_\_\_\_\_ CSN NSHEID # \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female      Grade level: Junior \_\_\_\_\_ Senior \_\_\_\_\_

Which of these best describes your ethnic background? (Optional): American Indian / Inuit/ Alaska Native (AM) \_\_\_\_\_

Asian (AS) \_\_\_\_\_ Black or African American (BL) \_\_\_\_\_ Hispanic/Latino (HI) \_\_\_\_\_ Native Hawaiian/Pacific Islander (HP) \_\_\_\_\_  
White (WH) \_\_\_\_\_ Race and Ethnicity unknown \_\_\_\_\_ Two or more races \_\_\_\_\_

**List classes planned for enrollment. Note: Only four (4) courses per academic term permitted.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**I have reviewed the information provided and agree with the statements below (check all boxes to complete application):**

- I will be responsible for the cost of the course(s).
- I understand that my registration must be approved by my high school and the College of Southern Nevada.
- I understand that by enrolling in the requested courses, my college record has begun and the grade(s) will be reflected on my CSN transcript.
- The Family Education Rights & Privacy Act (FERPA) is legislation providing students certain rights with respect to their education records. If I wish to grant a parent/guardian access to my educational record, I have been made aware that a release of information is available in "MyCSN" account. For more information visit <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- I certify that the information on this application is correct and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Legal Guardian:** When a student attends a post-secondary institution the Family Educational Rights Privacy Act (FERPA) allows transfer of privacy rights from the parent to the student regardless of their age. Parents must have online release/permission from the student before information will be released, and information is not given over the telephone. The student is responsible for payment of tuition. Academic freedom is permitted in post-secondary institutions and as such, topic and ideas of a controversial or sensitive nature may be discussed. Your signature verifies you are a parent or legal guardian of the above student and aware the student plans to enroll at CSN, and you understand college policies and student responsibilities.

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

Parent's Email Address: \_\_\_\_\_ Rev: 12/18