

SB 300 – Expanded Options Application Cover Page

Application Date: _____

Term for CCC Enrollment (Circle): Fall Winter Spring

Academic Year: _____ Projected HS Graduation Date: _____

HS Information:

Referring High School: _____

HS Contact: _____ Phone/ext: _____

HS Counselor: _____ Phone/ext: _____

Student Information:

Student name: _____

Address: _____

Street address/apt # /City

Phone number: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Credits Needed to Graduate: _____

IEP: Yes _____ No _____

Advising Information:

High School Counselor Course/Credit Recommendations:

Please submit the following with this form:

Admission Application/Underage Student Form

Placement Test Scores

High School Transcript

IEP and any testing documentation (if applicable)

High School schedule of classes for current term of enrollment (if applicable)