

## **Dual Enrollment** Permit to Register www.tstc.edu

Last Name	<del> </del>	First Name			M.I.	
/ /	○ Male	O Female		/ /		
Date of Birth	O Maic O Terriale			Social Security Number or TSTC ID#		
Mailing Address		City	,	S	Γ ZIP	
-	( )	_		@		
Phone Number	Cell Phone Number		email A			
Name of High School			High So	:hool Grade Level	Technical Pathway	
Semester enrolling Year	○ Fall	○ Spring ○ Su	ımmer	(Please Check <b>One</b>	Box)	
Parent Contact Information:						
Last Name	First Name					
	()			@		
Phone Number	Cell Phone Nu	ımber	email A	ddress		
TSTC Course	Cour	se Number	Course	Section		
1.						
2.						
3.						
4.						
My signature below indicates that I have high school and college courses conc. Rights and Privacy Act (FERPA), a fede the student; however, under the provise school district, usually a counselor, prire	erns the sharir eral law passec sions in FERPA,	ng of information ab d in 1974, only direc TSTC can share stud	out student tory informa	performance. Unde tion may be shared	r the Family Educational with anyone other than	
By signing below, I acknowledge that I ha	ave read and ur	nderstand this form.				
Student Signature:				Date:		
Parent Signature:				Date:		
By signing below, I acknowledge that the	student is eligil	ole to participate in th	e program.			
High School Administrator:			Title	<del> </del>	 Date	
TCTC Off the			ride		Date	
TSTC Official:			Title		Date	