

# SCHOOL DEPARTMENT AUTHORIZATION FORM

## STUDENT REGISTRATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 900# \_\_\_\_\_

Current Grade:  Freshman  Sophomore  Junior  Senior Year of Graduation: \_\_\_\_\_

SASID 10 Digit #: \_\_\_\_\_ High School G.P.A.: \_\_\_\_\_

This student is enrolled in the Career Vocational Technical Education Program:  Yes  No

Program Name: \_\_\_\_\_

This student is enrolled in the BRISTOL Educational Talent Search Program  or Upward Bound Program

This student is a first time Dual Enrollment participant:  Yes  No

This student will utilize one of our allotted slots:  Yes  No If yes:  Low Income  Non-Low Income

\_\_\_\_\_  
Guidance Counselor or A.H.R. (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A signature attests to the accuracy of the information provided, including course(s) selection.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Allocation Slots: \_\_\_\_\_ of \_\_\_\_\_

**High School Transcripts must be attached.**

Courses to be Registered for :  All  In order of preference Term:  Fall  Spring  Summer

CRN	Course	No.	Sect.	Title	Credits	Day	Time

### Alternate Course

CRN	Course	No.	Sect.	Title	Credits	Day	Time

\*\* Students should designate an alternate course because their first choice may be full or the course may be cancelled.

**Please Do Not Write Below This Line**

**For Office Use Only**

Dual Enrollment  CDEP  CVTE  Self-Pay  Bristol Employee  Pell Experiment  Contract Course | **Bristol Waiver:**  Non-LI  LI

HS GPA: \_\_\_\_\_ BRISTOL GPA: \_\_\_\_\_

If the student does not meet the GPA, a request to waive the GPA requirement has been submitted: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature (BCC Administrator): \_\_\_\_\_ Date: \_\_\_\_\_