

SCHOOL DEPARTMENT AUTHORIZATION FORM

STUDENT REGISTRATION

(To be completed by the Guidance Counselor or an Authorized Homeschool Representative)

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 participating in: Educational Talent Search Upward Bound STEM or CollegeTrax

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

Please consider student for an Bristol income-based waiver: Yes No If yes: Low Income Non-LI

A request of a waiver does not guarantee that the student will meet the criteria. This information is used in conjunction with the financial form to determine waiver eligibility. Should the student be found eligible, one waiver will be provided for one course during the entire academic year.

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: _____ Waiver Requests: _____ 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 or Additional 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
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CDEP CollegeTrax Self-Pay Bristol Employee Pell Experiment STEM 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: _____