

Concurrent Enrollment Petition



Sample of a
Completed Packet

Concurrent Enrollment Petition

Fall Spring Summer 2021 High School/Adult School: Hogwarts High School Grade Level: 11
 Last Name: Doe First Name: Jane MI: _____
 Address: 1234 Mystreet Ave. SBVC ID#: 1234567
 City: San Bernardino State: CA Zip: 92410 Age: 16

	Ref#	Course Name	Section	Days	Time	Units
COURSES	4356	English 101	06	WWF	10-10:50	4
		ART-103				
		SPAN-101				
		BUSAD-103				

List course name and number, not the course descriptions.

If eligible, you may only register for courses listed on this form.

STUDENT I understand that the courses listed above are for College Credit, and that enrollment at SBVC creates a permanent record that must be reported to any colleges I apply to in the future. I agree to abide by all rules and regulations set forth in the SBVC Catalog. I also understand that my enrollment at SBVC will be limited to no more than 11 units per semester, in compliance with Education Code 76001, d, except in cases where I am enrolled in courses established exclusively through a CCAP partnership between my district and SBVC, in which case I can enroll in no more than 15 units per semester, in compliance with California Assembly Bill 288.

You must sign here.

Signature of Student _____ Date 2/12/21 Phone (909) 555-8989

PARENT I support this request on the part of my child to attend SBVC. I understand that the courses are for College Credit, and that college courses may contain content adult content. I understand and agree that my child is subject to the rules and regulations of SBVC as listed in the College Catalog. I also agree to be responsible for any and all fees incurred by my child in the enrollment process. I am aware that I will not have the right to access my child's college records without his/her written consent or a court order.

Must have parent/guardian signature if you are a minor.

Signature of Parent/Legal Guardian _____ Date 2/12/21 Phone (909) 555-6789

PRINCIPAL Pursuant to Education Code 48800, I have reviewed the academic record of this student and certify that s/he demonstrates adequate preparation in the discipline to be studied and has the ability to benefit from college instruction in the courses listed, and if a summer student, s/he has exhausted all opportunities to enroll in equivalent courses, if any, at his or her school of attendance. For any particular grade level, I certify that I am limiting the number of recommendations to no more than 5 percent of the total number of pupils who completed that grade immediately prior to the time of recommendation for this summer session. An official transcript is attached to this petition.

This must be signed by a Principal or Designee

Signature of Principal or Designee _____ Date 2/13/21 Phone (909) 555-5656

COLLEGE USE

Approved _____ Denied _____ You must complete the College Placement Process – the results will determine your eligibility for this class.

Comments _____

President or Designee _____ Date: _____


Factors considered in this decision:

- Academic GPA
- Grades in prior classes
- Test Scores
- Recommendations
- Other

- Semester:** Check the appropriate box for semester (Fall, Spring, or Summer) and enter the year.
- SBVC ID #:** Enter your SBVC ID#, which you have received in an email approximately three business days after applying to Valley College the first time. SBVC student ID#s are seven-digit numbers.
- Courses:** Make sure you list the course name and numbers for each course you are interested in taking. Please do not list the course description (e.g., "The History of Rock and Roll.")
- Signatures:** It is essential that all signatures are complete. Please note: If you are 18, you still need parent/guardian signatures in the appropriate box. Petitions lacking the appropriate signatures will not be processed.

Confidential Youth Emergency Card

- Semester:** Check the box for the semester (Fall, Spring, or Summer) and enter the year.
- SBVC ID #:** Enter your student ID#, which you have received in an email approximately three business days after applying to SBVC the first time.
- Physician Name:** If you do not have a Physician, it is okay to leave this field blank.
- Medical Insurance:** If you don't have insurance, it is okay to leave this field blank.
- Student Name:** In the box at the bottom, the first blank must be filled in with your name.
- I DO/DO NOT:** In the box at the bottom, the parent/guardian must check one of the boxes granting or refusing SBVC the ability to give over the counter medication to you.
- Signature:** It is essential that a parent/guardian sign the bottom of the card.



San Bernardino Valley College
Confidential Youth Emergency Card

Summer
 Fall
 Spring 2021

Doe	Jane	
Student Last Name	Student First Name	
1/17/05	1234567	(909) 555-6789
Student Date of Birth	SBVC ID#	Home Phone
1234 Mystreet Ave.		
Address		
San Bernardino	CA	92410
City	State	Zip Code

Harry Doe	(909) 555-6789	(951) 555-5555	(909) 555-4321
Father's/Guardian's Name	Home Phone#	Work Phone #	Cell Phone #
Ginny Doe	(909) 555-6789		
Mother's/Guardian's Name	Home Phone#	Work Phone #	Cell Phone #

A local person in case of illness or injury if parent/guardian cannot be reached:

Rubeus Hagrid	Uncle	(909) 555-9876
Name	Relationship	Cell Phone #

Mai Doktor	(951) 555-4444
Physician's Name	Phone #
Medical Insurance:	Subscriber #

Please list any medical conditions we should know about in an emergency:
None

Are there medications the students takes regularly: No Yes
Please List: _____

Does the student have any allergies to medications or other substances: No Yes
Please List: _____

Students seeking emergency care, birth control, pregnancy testing, or STD/HIV screening and care are considered by law to be mature minors with the right to consent for these specific medical services.

I, the undersigned parent/guardian of Jane Doe, hereby authorize the Medical and counseling staff of San Bernardino Valley College (SBVC) Student Health, as agent of the undersigned to consent to any diagnostic procedure (including x-rays), to the administration of any counseling, medical, surgical treatment, or to any accredited hospital when any or all of the foregoing is deemed advisable and is to be rendered under the general Supervision of any Physician or surgeon licensed under the provisions of the Medical Practice Act. box must be checked.

DO DO NOT grant the staff of the SBVC student health permission to give the above named student over the counter medication for symptom relief if they are unable to reach me for verbal consent.

This authorization is given in advance of any specific diagnosis, treatment, or medical care being required and pursuant to the provisions of Section 25.9 of the California Civil Code.
It shall remain in effect throughout the term designated on this form.
Parent/Guardian must sign if you are a minor.

	2/12/21
Parent Signature	Date