



APPLICATION PROCEDURE FOR THE ASSOCIATE DEGREE IN HIGH SCHOOL PROGRAM

High school students may have the opportunity to earn an Associate degree from Pennsylvania Highlands Community College while attending high school.

1. Students need approval from their High School to participate in the Associate in High School Program.
2. Complete the application and return application to your High School.
3. This application authorizes both the student and his or her high school to register the student for the Pennsylvania Highlands Community College courses necessary for the completion of the degree program.
4. By completing and signing this application, the high school student authorizes the release of grades, transcripts, and information regarding their student accounts to his or her high school.

General Information

Last Name		First Name		M.I.	Former/Maiden Name
Street				P.O. Box	How long have you lived at this address?
City		State		Zip Code	Years _____ Months _____
Phone (Home) () -	Phone (Work) () -	Phone (Cellular) () -		County	
Social Security Number - - - - -			Email Address		
Year of High School Graduation			Major Liberal Arts & Sciences		

Demographic Information

<small>The completion of the following information is voluntary and optional. It will be used to comply with Federal reporting and has no effect on admission to the College. Pennsylvania Highlands Community College is committed to the principle of equal education for students without regard to race, color, national origin, marital status, creed, gender, age, or handicap.</small>				Citizen Type <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non Resident Alien <input type="checkbox"/> Refugee <input type="checkbox"/> U.S. Immigrant/Permanent Resident Alien	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth ___ / ___ / ___ <small>Month Date Year</small>	Are you the first generation in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a U.S. Citizen or permanent resident, please complete the following: Country of Citizenship _____ Visa Type _____ Visa Number _____ Date Issued _____	
Ethnic Group <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other					

Emergency Contact Information

Name of person to contact in case of an emergency	Contact phone number
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Signature

<small>I certify by my signature that the information provided on this application is complete and accurate to the best of my knowledge. In addition, I authorize the release of grades and transcripts to the high school I am enrolled in. I also grant permission to my high school to register me for Pennsylvania Highlands Community College courses necessary for completion of the degree program.</small>	
Signature	Date
Parent/Guardian Signature	



REGISTRAR'S OFFICE
101 Community College Way
Johnstown, PA 15904du

**Pennsylvania Highlands Community College
Parent Consent Form**

As you consider enrolling your son or daughter in college courses or programs, it is imperative to understand that when a minor student becomes a student at any college all rights accorded to, and consent required of, parents transfer to the student (Section 99.5 of the Family Educational Rights and Privacy Act). That is, parents do not have the right to inspect the minor student's records or gain access to information related to their attendance at PHCC or any other college without the student's express permission. The student must provide a signed Release of Student Information form (see reverse) specifying information to be released before we will discuss or release any information related to the student.

Minor students and their parents/guardians must also understand that they are entering a college environment, which is designed with adults in mind. Thus, the atmosphere of the campus in general and of classrooms in particular will frequently reflect an adult population.

Students and their parents/guardians should be aware that:

- Courses may have frank discussions about sensitive topics. Content may include controversial cultural, political, religious, aesthetic, and human sexuality issues.
- Audio-visual presentations may be graphic in their content.
- Students may be exposed to vulgar language outside of the classroom.
- Instructors cannot inform anyone, including parents, of last minute cancellations or early class releases. If classes are released early, instructors cannot sit with underage students while they wait to be picked up.
- Credit courses are COLLEGE coursework and will remain on the student's permanent college record (transcript) permanently.
- The College is authorized to evacuate students in the event of an emergency.
- As the parent/guardian, they are not allowed to change information regarding the student's records, or allowed access to the student's records without the express written consent as described above.
- The student is held responsible for being aware of all College dates and deadlines and for taking necessary action before such deadlines pass. The student is responsible for obtaining and completing appropriate drop forms to officially drop or withdraw from any courses for which the student is registered.

Parent/Guardian Approval

I hereby petition Pennsylvania Highlands Community College to allow my son/daughter to enroll. I certify that I am the parent/guardian of the above named student and that I am in agreement with and give my consent for his/her attendance at Pennsylvania Highlands Community College. By signing this, I certify that I have read the **Student Code of Conduct** (available online at www.pennhighlands.edu) in its entirety, and discussed it with my son/daughter. I understand all of the conditions under which my minor child is being admitted.

Parent/Guardian Signature _____

Date _____

Consent for Treatment of Minor (REQUIRED)

Name of Minor _____
Last First

Date of Birth _____

I give permission for emergency first aid treatment for my minor child/legal ward.

Parent/Guardian Signature _____

Date _____



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FERPA Authorization for Release of Student Information

The Family Educational Rights and Privacy Act was designated to protect the privacy of educational records. These records may include academic, financial aid, scholarship, athletics, veterans, and billing/account information. Records will not be released without prior written consent from the student. By signing this form, the student authorizes college officials to release and/or disclose specific educational records requested to the designated recipient.

***Please note the certain information, defined as directory information, can be released without prior consent of the student. Please refer to the college catalog for directory information. ***

Name

Date of Birth

Street/P.O. Box

Student ID No.

City/State/Zip Code

Phone No.

Release information to the following: (Check all that apply and include first and last name.)

- Mother _____
- Father _____
- Guardian _____
- Employer _____
- Other _____

Student Signature

Date

Registrar

Date