Home School Approval Form: 14 or 15 Year-old

Student Last Name: __________________________ First Name: __________________________

Birth Date: ____________________ LCC ID #: ____________________ HS graduation year: __________

Semester of Attendance: _________________________________________ Year: ___________________
  Spring (January)  Summer (June)  Fall (August)

Note to Parents and Students
This form must be completed for each semester of enrollment until the student reaches age 16 and has completed the sophomore year of high school. It is the responsibility of the student to provide the Enrollment Services Office with the completed Dual Enrollment Form prior to enrollment in classes. Students who register prior to submitting this form are subject to being dropped from their courses. LCC requires basic skills assessment for all new students, which must be completed before LCC academic departments will review your approval request. It may take up to two weeks to complete the department approval process. A student may audit or take the course(s) for credit.

Student FERPA Disclosure (Check one box only)
☐ I hereby allow the release of all aspects of my educational records, directory information (as allowed under the Family Educational Rights and Privacy Act), and student finance information to my parent/legal guardian shown below. All educational/financial records for this semester of attendance may be shared with him/her.

☐ I do not agree to allow my parent/legal guardian to have access to my educational records/directory information/student finance records.

__________________________ Date: ___________________
Signature of Student

Parent/Legal Guardian Approval
I, the undersigned, approve the above-named student to enroll at Lansing Community College for:

Course Number ______________ Course Title ________________________________________________________
Course Number ______________ Course Title ________________________________________________________
Course Number ______________ Course Title ________________________________________________________

I confirm that my son or daughter will be at least 14 years of age on the first day of the semester and is being home schooled at the ninth grade level or above. Furthermore, I will assume financial responsibility for any and all costs associated with my child’s attendance at Lansing Community College, if not covered by any other means. I waive any claim against Lansing Community College for injury, loss or damage whatsoever, caused by any person rendering any services of the program caused by outsiders. I understand that my son or daughter is participating in an adult educational environment and I hereby assume responsibility and hold Lansing Community College harmless for any adverse consequences of that participation. I understand that enrollment is contingent upon an available open seat in the course section selected and approval from the department/division.

__________________________ Daytime Phone: ___________________
Print Parent/Legal Guardian Name

__________________________ Date: ___________________
Address __________________________ City __________________________ State __________________________ Zip Code __________________________

__________________________ Birth Date: __________________________
Signature of Parent/Legal Guardian

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8/11 Completed forms may be faxed, mailed or delivered in person. Please allow two business days for processing.
Students: Return your completed form to the LCC Enrollment Services Office by fax, mail, or in person. Our contact information appears on the first page of this form. Our staff will forward your documentation to the academic department(s) that offer the courses listed under the Parent/Legal Guardian Approval section. You will be contacted when the review has been completed.

For LCC Office Use Only

LCC Instructional Department Review

Approved
I approve enrollment of the above named student for:

Course Number ____________________ Course Title _________________________________
at Lansing Community College for Semester __________ Year _________.

It is my opinion that the student is capable of handling the course requirements.

Not Approved
I deny enrollment of the above named student for:

Course Number ____________________ Course Title _________________________________
at Lansing Community College for Semester __________ Year _________.

for the following reason(s) _____________________________________________

_____________________________________________________________________

Action:
The student has been contacted

Signature of Department Official Date