

HAWKEYE COMMUNITY COLLEGE HIGH SCHOOL COURSE PERMISSION FORM

Part 1: To be completed by a parent or legal guardian.

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
	XXX-XX-		
Date of Birth	Last Four Digits of Social Security Number	Phone Number	
Parent/Guardian Printed Name	Parent/Guardian Signature	Date	

Part 2: To be completed by the school official.

Please initial:

_____ The above named student has my permission to take high school credit courses for the purpose of transferring back to the home high school to count toward this student's graduation requirement.

_____ I verify that this student has not been expelled for weapons, assault, or controlled substances within the past six (6) months.

_____ I verify that this student is 16 years of age or older.

Name of High School	City and State	Phone Number
School Official Printed Name	School Official Signature	Date

I am allowing the named student to enroll in the follow courses through Hawkeye Community College's High School Credit Course Program:

Course Title	Semester 1 or 2
Course Title	Semester 1 or 2
Course Title	Semester 1 or 2

Part 3: Submit this form to Hawkeye Community College.

Hawkeye Community College – Adult Learning Center
Attn: Assessment Center
120 Jefferson Street
Waterloo, IA 50701

Questions can be directed to the
Manager of the Assessment
Center at 319-296-4278

FAX 319-296-4271