



Jumpstart Concurrent Enrollment Program

Semester _____ Year _____

Jumpstart Concurrent Enrollment High School Authorization Form

Academic Partnerships: 303 S. Water Street. Henderson, NV 89015

Telephone: (702) 651-3523 or (702) 651-3179

Website: www.csn.edu/jumpstart

High school students must submit this **completed form to their High School Jumpstart Instructor**, prior to becoming eligible for Jumpstart Concurrent classes. This form requires the signature of student, parent or legal guardian, and one of the following designated high school officials.

Jumpstart Instructors: Please submit all completed forms to the High School Jumpstart designee, by the Friday of the first week of school.

Jumpstart Designee: Please email all completed forms to the Jumpstart Concurrent Enrollment Program office no later than the end of the first week of the semester, to Chanel's email at Chanel.Conner@csn.edu.

Type or print clearly using a black or blue ink pen. Do not use pencil.

CSN NSHE ID: _____ New _____ Returning _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____
Home # Street Name Apt/Unit# City State Zip Code

Home Phone Number: _____ Cell #: _____

Student's Email Address: _____

Parent's Email Address: _____

Birth Date: _____ Gender: _____ Male _____ Female

Which of these best describes your ethnic background? (optional): Black/African American (BL) _____ White (WH) _____ Asian (AS) _____ Hispanic/Latino (HI) _____ American Indian/Inuit (AM) _____ Native Hawaiian/other Pacific Islander (HP) _____ Other (specify) _____

High School Name: _____ Projected Graduation date: _____ Grade level: Junior _____ Senior _____

List classes planned for enrollment. *Note: Only four (4) courses per academic term permitted.*

- 1. _____ 2. _____
- 3. _____ 4. _____

Student: Your signature verifies that you have read the CSN schedule, catalog and Jumpstart Student and Parent Handbook and understand your responsibilities as a college student.

Signature: _____ Date: _____

Parent or Legal Guardian: When a student attends a post-secondary institution the Family Educational Rights Privacy Act (FERPA) allows transfer of privacy rights from the parent to the student regardless of their age. Parents must have online release/permission from the student before information will be released, and information is not given over the telephone. The student is responsible for transportation to and from class and for payment of tuition. Academic freedom is permitted in post-secondary institutions and as such, topic and ideas of a controversial or sensitive nature may be discussed. Your signature verifies you are a parent or legal guardian of the above student and aware the student plans to enroll at CSN, and you understand college policies and student responsibilities.

Signature: _____ Date: _____

Designated high school official: Your signature below verifies the above student is currently registered and in good academic standing in high school. You give approval for the above student to enroll in college class (es) at CSN.

Signature: _____ Date: _____