



Student's Legal
Name _____

(Please Print)

PEN # _____

PARENT OR LEGAL GUARDIAN

I, the undersigned, give permission for my child to take the following course(s) at Coast Mountain College:

I am aware that students are responsible for all associated tuition and related costs to attend Coast Mountain College.

Parent's
Signature: _____

Print Name: _____

Date
Signed: _____

PRINCIPAL OR DESIGNATE

I recommend that the above student take the following course(s) as concurrent studies at Coast Mountain College:

Is this course to be used to satisfy high school graduation? YES NO

By my signature below I am verifying that this student is in Grade 12 and has a 'B' or better average in the last school year.

Principal's
Signature: _____
(Or Designate)

Print
Name: _____

Date
Signed: _____

School Name &
District: _____

INSTRUCTOR(S)

I give permission for the above student to take _____ in the _____ semester. I understand this is a high school student doing concurrent studies.

Instructor's
Signature: _____

Print
Name: _____

IF MORE THAN ONE INSTRUCTOR

I give permission for the above student to take _____ in the _____ semester. I understand this is a high school student doing concurrent studies.

Instructor's
Signature: _____

Print
Name: _____

PERMISSION TO RELEASE STUDENT INFORMATION TO SCHOOL

I hereby give my permission for CMTN to release information regarding my progress in the _____ course(s) at CMTN.

Student's
Signature: _____

Date: _____

Reminder: please attach completed application and high school transcript.