



Have you ever attended John Wood Community College (including dual credit courses)?  Yes  No

**Please identify your primary racial/ethnic group. (select only one)**

- Asian       American Indian or Alaskan Native       Black or African American       Hispanic or Latino
- White       Native Hawaiian or Pacific Islander       Choose not to respond/unknown

**Are you Hispanic or Latino? (Or are you of Spanish origin?)**

- Yes, I am Hispanic or Latino       No, I am not Hispanic or Latino

**Are you from one or more of the following racial groups? (Select all that apply)**

- Asian       American Indian or Alaskan Native       Black or African American
- White       Native Hawaiian or Pacific Islander       Choose not to respond/unknown

**Are you in the United States on a Visa?**

- No, I am a citizen of the United States
- No, I am not a citizen of the United States, but am a legal resident alien or refugee.

Resident # \_\_\_\_\_

- Yes, I am in the United States on a Visa    Home Country of Origin: \_\_\_\_\_ Visa Type: \_\_\_\_\_

**FERPA, the Family Educational Rights and Privacy Act of 1974, protects the privacy of student educational records—**

To authorize, the student understands the information presented on this form and gives permission to the high school and John Wood Community College to share, collaboratively, information related to his/her dual enrollment program participation, as well as with his/her parent/guardian while enrolled in the concurrent enrollment course(s).

Granted access to parent/guardian listed below:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature (optional)      Date

\_\_\_\_\_  
Parent/Guardian Name (print)      Date

\_\_\_\_\_  
Parent/Guardian Name (print) (optional)      Date

\_\_\_\_\_  
Parent/Guardian Email Address

\_\_\_\_\_  
Parent/Guardian Phone #

**FOR HIGH SCHOOL COUNSELOR ONLY**

- High school Transcript attached    Geometry \_\_\_\_\_ Alg II \_\_\_\_\_ UNW GPA \_\_\_\_\_  
(If needed)
- SAT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_
- ACT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_
- ACCUPLACER \_\_\_\_\_

**Counselor Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

FOR JWCC OFFICE USE ONLY	Reviewed: _____ Date: _____	SCH: (if applicable)    _____	_____
		FA	SP