State of Hawai`i Department of Education *Running Start* **Enrollment Form**

Date:_____

Student's Name:_____ **SSN:**_____
Last *First* *Middle*

Mailing Address:_____City:_____ ZIP:_____

Home Phone:_____ Cell:_____ Email:_____

High School:_____ Jr._____ Sr._____ Qualifies for free / reduced meals? No_____ **YES**_____ _____
(High School Counselor to initial)

I am a (check one): U.S. Citizen: _____ Resident Alien: _____ Foreign Student: ___ (additional forms required, see your HS counselor)
(copy of card required)

Previous college enrollment? No_____ **Yes _____ Year _____ College Campus:_____(Complete Back of Form)**

UH Campus you plan to attend_____ Session (check one): ____Fall ____Spring ____Summer I ____Summer II ____Summer III **Year** _____

College Course Name	Course Number	Number of College Credits	High School Equivalent	Requirement	Elective
Alternate Course					

1. The college and high school reserve the right to determine admission to college and / or certain classes.
2. The high school is the final authority on high school graduation requirements. Students must work closely with a high school counselor to insure that graduation requirements are met. It is understood that it is the student's responsibility to ensure that college courses completed as part of the *Running Start* program will also meet high school graduation requirements.
3. The parent / guardian and student understand that if the student does not successfully complete the *Running Start* courses, the student may not meet high school graduation requirements.
4. The student and / or parent / guardian is responsible for the payment of tuition fees, books and consumable supplies, laboratory fees, transportation, and any other related educational expenses.
5. The student gives permission for the college to release grades and give information to his / her high school counselor.
6. The parent / guardian and the student understand that the student is expected to participate fully in all course activities, including labs and field trips, and permission is hereby given to do so. Parent / guardian and student also understand that a college course may give exposure to alternative viewpoints and may include material of an adult nature.
7. The parent / guardian and student understand that the Department of Education is not liable for the student's health and safety when the student has left the high school campus.
8. The parent / guardian and student understand that *Running Start* students have the same rights and responsibilities as any other UH college student.

My signature on this form constitutes acceptance and approval of the statements listed above.

_____ _____ _____ _____
Student signature *Date* *Parent/Guardian signature* *Date*

This student is enrolled at a Hawai`i public school, is under the age of 21 as of September 1 of the school year that the college course(s) is / are taken, and will comply with the DOE and community college's requirements.

_____ _____ _____ _____
High School Counselor signature *Date* *Principal signature* *Date*

COMPASS/Placement Scores: English: _____ Math:_____ Date of Test:_____
Location:_____
(Attach a copy of your official COMPASS Placement Test Report to this enrollment form. Keep the original for your records)

HEALTH CLEARANCE: TB:_____ Date:_____ MMR#1 / MMR#2 / MMR#3:_____Date:_____
HEALTH CLEARANCE MUST BE SUBMITTED TO THE CAMPUS THAT YOU PLAN TO ATTEND *BEFORE YOU WILL BE ALLOWED TO REGISTER.*

Revised October 2004