

Parent/Guardian Approval Form

Richland Community College | One College Park | Decatur, Illinois 62521



PLEASE PRINT

Name of Student _____

Soc. Sec. No. _____ RCC ID# _____

The Student attends _____
Name of High School

Consent is given for _____
Name of Student

to attend Richland Community College and enroll in the following courses:

The above course(s) are to be taken for (check one):

High school credit College credit Dual credit For the term(s) of: Fall 20 ____ Spring 20 ____ Su 20 ____

I understand that

- 1) If my son/daughter plans to attend another college or university after high school graduation, I should check with that school to be sure the credits he/she will be earning in this program will transfer appropriately.
- 2) Students participating in Richland courses will be evaluated as college students and are expected to follow the rules and regulations of Richland Community College. All students will abide by Richland's **Student Rights and Responsibilities** as found in the *Student Handbook*.
- 3) Richland Community College students are covered under the "Family Educational Rights and Privacy Act" (FERPA), which prohibits Richland Community College from disclosing information to anyone, including parents, without the student's written consent. (Student may sign below to give consent.)
- 4) Course grades and attendance records will be released to the high school for purposes of awarding high school credit.
- 5) If a student does not complete required coursework, an "Incomplete" may be assigned by the instructor. A student has 60 days from the end of class to resolve the incomplete grade. It is the student's responsibility to remove the "I" so it can be replaced with the appropriate letter grade. When the "I" grade is replaced with the student's letter grade, another grade report will be sent to the high school (dual credit only).
- 6) Some material presented is for mature audiences.

Signature of Parent or Guardian

Date

Signature of Student

Date

*My signature below indicates that I give my consent and authorize Richland Community College to release my education records to:

Name of Parent or Guardian

Date

Signature of Student

Date

I give _____ High School permission to release my son/daughter's IEP or information about accommodations through 504 to the Learning Accommodation Services staff at Richland Community College in order to arrange for appropriate accommodations.

Signature of Parent or Guardian

Date

Signature of Student

Date