

Social Security Number _____ - _____ - _____

Fall 20__
 Spring 20__
 Summer 20__

Name: _____

Last First

School: _____ High School
 Graduation Date: _____

Age: _____ Entering Grade: _____

Concurrently enrolled students are restricted from physical education classes, and remedial classes (classes numbered below 100).

Section Number	Course	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to follow the requirements below.

Parent Signature

Student Signature

COM Counselor

High School Principal/Counselor

Admissions Office

The College of Marin provides student health services. I further understand that as a student of College of Marin my daughter/son may avail themselves of the medical services provided by the Student Health Center with my permission. Unless I provide written notice to the College of Marin Health Center Director, I hereby grant College of Marin permission to provide the medical services to my minor daughter/son that she/he may request. Parents also agree to be responsible for the student's safe transportation to and from classes. The signatures below represent approval of enrollment.