

Special Part-Time Petition for Advanced Admission (Must be at least 14 yrs old)

<u>Submit completed form in-person to Enrollment Services.</u>

A new petition is required each Semester.

| Student Information | tudent Information A new petition is required each Semester. | | |
|--|--|---|---|
| First Name: | Middle Initial: | Last Name: | |
| MJC Student ID#: W | Email: | | |
| Mailing Address: | | | |
| Phone Number: | Birthdate: | Grade Level: | _ |
| School Information | | | |
| School Name: | S | chool Phone Number: | |
| School Address: | | | |
| Expected Date of High School Graduation:_ | P | lease Indicate ONE term/year: | |
| The high school listed above is a home scho | ol: Yes No | | SPRING |
| | Eligibility Require | ements | |
| The student requesting Advanced Admission Section 4, 48800, 48800.5, and 76001 allowing community college. Advanced Admission must who are at least 14 years old by the start of the determine that the student is capable of berendered by the start of the determine that the student is capable of berendered by the start of the determine that the student is capable of berendered by the start of the students can enroll in MJC credit courses the all established special conditions set forth in the special part-time pupils can only enroll in units requires approval by the school's Board prior to enrollment at MJC. In order to be approved for future semesters MJC (defined as having a cumulative 2.0 gunits will also be taken into consideration. | ng a limited number lay be granted for sturn the semester for which effiting from advance at are associate degree the Yosemite Comment the courses approved of Trustees and the second concurrently enroll | of eligible pupils to attend ad idents who are highly gifted pupils to attend ad idents who are highly gifted pupils they are applying. The school scholastic or vocational work ee applicable (numbered 50-3 nunity College District Board Powed by their principal. To en MJC Dean of Student Services ed students must be in good and students must be in good and students must be in good. | vanced courses at a pupils (Ed Code 48800) pol principal must ork. 899) if they have met Policy and Procedures. roll in more than 11 s. This must be done academic standing at |
| С | Documentation Req | uirements | |
| Special part-time students must initially sub Advanced Admission and a health consent f | | | ompleted petition for |
| Students who are home schooled must also Department of Education along with this pe | | n letter (Private School Affida | vit) from the California |
| Students enrolled in 7th or 8th grade must s | ubmit a letter of reco | ommendation signed by their | school's principal. |
| Upon high school graduation each graduation each graduation can be updated. | Application indicati | ing "high school graduate" s | o that high school |
| Enrollment Fee | Requirements (Res | sidents & Non-Residents) | |
| The college will waive the enrollment fee (fo | or California residents | established with California La | aw) of pupils who enroll |

The college will waive the enrollment fee (for California residents established with California Law) of pupils who enroll as special part-time students. There are no such provisions for special full-time students (11.5+ units). Therefore, special full-time students will be responsible for all enrollment fees. ALL students are still responsible to pay all other related fees (health fee, etc.), including out-of-state tuition, in addition to the enrollment fee (if applicable). You will be notified of your status after the admissions office receives your application for admission.

Certification by Parent/Legal Guardian and Student

SPECIAL NOTE: It is expected that all special admit students enrolling in MJC courses have the maturity to function effectively on a college campus. No special arrangements for additional supervision of underage students is available. College courses are designed for adult students. In a very small number of disciplines, course content may be unusually frank in order to deal with scholarly discussion of behavioral, artistic, human, or other issues. Unlike public schools, colleges do not contact parents in advance to inform them of these issues. Parents are hereby notified that it is their responsibility to ensure that their child is able to handle the college environment, as well as the content of the course in which he/she enrolls. Although special admit students may be minors, they are entitled to all of the FERPA privacy rights of a college student (20 U.S.C. §1232g; 34 CFR Part 99). Therefore, any information regarding attendance, grades, behavior, etc., cannot be shared with the parent or legal guardian unless the student provides written authorization to the Dean of Student Services.

| Signature of Parent/Legal Guardian: | Date: | |
|---|--------------------------------------|--------------------------|
| I certify that I have read the conditions of enrollment and that that I will not exceed the approved number of units. I am awar of-state in accordance with CA Law) tuition fees related to my senior year as a high school graduate. | e of the additional required fees ar | nd the non-resident (out |
| Signature of Student: | Date: | |
| Certification by S | chool Principal | |
| I certify that the student is prepared to undertake Associate Degreapprove the student to enroll in the following recommended course | | umbered 50-399. I |
| Course Name & Number | | Units |
| | | |
| | | |
| | | |
| | | |
| I certify that the petitioner is prepared to undertake Associate Degree app in total units. I also certify that I have not recommended over 59 | - | |
| Signature of Principal or Designee: | Date: | |
| Full-Time (11.5 units or i | nore) Approval ONLY | |
| Student is responsible to | oay all Enrollment Fees. | |
| Board of Trustees Signature (High School): | Date: | |
| Dean of Student Services Signature (MJC): | Date: | |
| OFFICE US | | |



MODESTO JUNIOR COLLEGE CONSENT FOR TREATMENT OF MINORS

Any registered students under the age of 18 are required to have a parental/guardian consent form signed before receiving any medical treatment, including dental service, except in emergencies or cases exempt by state law.

Signed consent will be retained in the College's Health Services Office. A new Consent form will need to be turned in each semester.

I hereby authorize and give consent for my son or daughter to receive medical treatment, including dental service, as needed. This authorization is given in advance of any specific diagnosis, treatment or medical care being requirement or pursuant to the provisions of Family Code Section 6910-6911.

| | , , , |
|--------------------------------------|--|
| Summer, Year Fall, Year Spring, Year | |
| Student's Name (please print) | |
| Student W# | _ Date of Birth |
| Parent/Guardian Name (please prir | nt) |
| | |
| Parent/Guardian Phone Number | |
| ☐ I do not authorize my son o | r daughter to receive any medical treatment. |
| Signature Parent/Guardian | Date |
| SignatureStudent | Date |

Please indicate which semester and year your son or daughter is attending: