

**HOW TO COMPLETE THE
SPECIAL PART-TIME
PETITION FOR
ADVANCED ADMISSION**





Special Part-Time Petition for Advanced Admission (Must be at least 13 yrs old)

*Submit completed form in-person to Enrollment Services.
A new petition is required each Semester.*

Student Information

First Name: Your First Name Middle Initial: _____ Last Name: Last
 MJC Student ID#: W0##### MJC Student Email: namenumber@myyosemite.edu
 Mailing Address: _____
 Phone Number: _____ Birthdate: _____ Current Grade Level: _____

School Information

School Name: Amrock High School School Phone Number: _____
 School Address: _____
 Expected Date of High School Graduation: _____ Please Indicate ONE term/year: FALL 2018
 The high school listed above is a home school: Yes No SPRING _____
 SUMMER _____

Courses for which student wishes to Enroll: (maximum 11 non-remedial units)

Course Name & Number	Units	Course Name & Number	Units
Course ###	1-5		

Principal or Designee: Pursuant to education Code 48800.5 and 760001, I have reviewed the academic record of the above named student and certify that the student demonstrates adequate preparation in the course(s) listed. I certify that I am limiting the number of recommendations to no more than 5% of the total number of pupils who completed the grade immediately prior to the time of the recommendatin for summer semester.

I certify that I am aware of the above Ed Code and I also recommend that the above student take no more than _____ units.

Signature: _____ Date: _____

Printed Name: School Official Title: _____

Certification by Parent/Legal Guardian and Student

I certify that I have read the conditions of Dual Enrollment and that the student will only enroll in the courses recommended above and will not exceed the approved number of units. We are aware of the additional required fees and the non-resident (out-of-state in accordance with CA Law) tuition fees related to the student status. I understand the student must reapply to MJC their senior year as a high school graduate.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

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This form is now available online and is fillable.

<http://www.mjc.edu/student services/enrollment/documents/special part time petition 08 2018.pdf>

- Student Information (Please print clearly)
- School information
- Expected date of graduation
- The semester you are applying for & school official signature. (Counselor, Principal, Vice-Principal)
- Bottom is signed by Parent/Guardian & Student





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 mental health services, except in emergencies or cases exempt by state law.

Signed consent will be retained in the College's Health Services Office.

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.

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

- Summer, Year _____
- Fall, Year _____
- Spring, Year _____

Student's Name (please print) _____

Date of Birth _____

Parent/Guardian Name (please print) _____

Parent/Guardian Address _____

Parent/Guardian Phone Number _____

Signature _____
Parent/Guardian

Date _____

Signature _____
Student

Date _____



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Student and parent information and signatures.

This is authorization just in case something happens.

This is required for all students under the age of 18.



NOW THAT EVERYTHING IS DONE,
FORWARD THE COMPLETED APPLICATION
TO ENROLLMENT SERVICES OR DUAL
ENROLLMENT SPECIALIST AT:

VIERRARO@MJC.EDU

FOR HELP OR TO ASK QUESTIONS:
ROSE (209) 575-7750

