

**EARLY HIGH SCHOOL GRADUATE (16 yrs. old or younger)  
PARENT/GUARDIAN PERMISSION FORM**

Student Name (PLEASE PRINT): \_\_\_\_\_

SLCC Student Number or Social Security Number: \_\_\_\_\_

As parent/guardian of the above student, I give my permission for my son/daughter to enroll in classes at Salt Lake Community College beginning  Fall  Spring  Summer semester, 20\_\_\_\_.

My signature indicates I am in agreement and acknowledge the following:

- I understand ***I may be held responsible*** for payment of regular college tuition and fees in the event that my son/daughter does not pay.
  
- I understand grades received will constitute the beginning of my son/daughter's permanent college transcript, and no notation regarding his/her Early High School Graduate status will be indicated therein. Additionally, I understand these transcripts may affect my son/daughter's admission to another college/university.
  
- I understand the college curriculum is designed for adult students (age 18 and over) and may contain material or subject matter of a more rigorous and/or more mature nature than what is contained in a typical high school course. I understand that my son/daughter will be expected to complete the same course requirements as other students in the course.

Parent/Guardian Name (PLEASE PRINT): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_

Evening Phone: ( ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_