Concurrent Enrollment provides students with an opportunity to gain college and high school credits while providing academic challenges through access to academic courses that are not available in local high schools.

**Aims Career Academy Program Checklist: Spring Semester 2018**

- **Meet with your counselor.** Ask clarifying questions, process, share plan of study, and turn in the completed Parent Acknowledgment Form.

- **Assessment.** Students must either take the Accuplacer or show qualifying ACT scores to enroll in specific Career Academy Programs. **Med Prep** and **Automotive** programs require an Accuplacer Reading score of 62 or higher or ACT Reading score of 17 or higher. Contact your counselor to schedule a time to take the Accuplacer.

- **Turn in ALL completed forms** (Aims Career Academy Scholarship Addendum, Aims Concurrent Enrollment Application, Aims Admission Application*, Parent Acknowledgment (if not given at time you met with counselor), and District 6 Promise to Repay Contract) to your counselor by **December 1, 2017**.
  
  *Returning students within 1 year of last course attended need not re-apply to Aims*

- **Returning Career Academy Students** must complete the Concurrent Enrollment Agreement Form, Promise to Repay and Parent Acknowledgement.

- **Obtain parking permit and school ID.**

**Additional Notes for Concurrent Enrollment:**

- **Greeley-Evans School District 6** will pay the Career Academy tuition of $1,000.00 per semester and all student fees, differential tuition costs, books, and supplies for the program.

- **ALL students must submit their college/university transcript,** showing their final grade, to the high school counselor **within 4 weeks after the completion of class.** The student may obtain their transcript from the college/university website by using their login information.

*PLEASE SEE YOUR SCHOOL COUNSELOR WITH ANY ADDITIONAL QUESTIONS*
Section E: To Be Read and Signed by Student and Student’s Parent/Guardian

High School ____________________________________________

Last Name _______________________________ First Name __________________________

Counselor ____________________________________________

Career Academy Students are provided the full cost of tuition, fees, and all required books and course materials.

Applicants must meet the following requirements BEFORE selection:
- Meets the school district criteria for selection. See your counselor for your district’s criteria.
- Accuplacer/SAT/ACT testing completed prior to submission of forms for select programs. Program testing requirements are listed on back. ACT/SAT scores must be included with forms.
- Students will need to verify the ability to transport themselves to the college.
- On the backside of this addendum, choose ONE Career Academy program in which you are interested.

Applicants must meet the following requirement AFTER selection:
- Attend a mandatory orientation session. Orientation dates/times will be provided after selection.

Spring 2018 Re-Enrollment:
- Students re-enrolling in the Career Academy Program for Spring will complete a Concurrent Enrollment Agreement form only.

2017-2018 Career Academy Performance Contract

As an applicant to the Career Academy I understand the expectation that I perform as a college student should I be accepted into the Program. I further acknowledge that these expectations include (but are not limited to):

- Attendance is required for all courses, labs and/or other required course meetings
- Academic performance at “C” grade level or better to continue with the Career Academy Program
- Respectful and attentive behavior appropriate to the educational setting
- Providing your own reliable transportation to campus

I understand that failure to meet these expectations may result in disciplinary action that will be reported to the Dean of Students and my high school principal and may result in my removal from the program. In the event that my grade(s) fall below a ‘C’ I understand that I may be asked to leave the program.

Transportation:

REQUIRED (Parent/Guardian initials):

___________ I will arrange and/or provide transportation to the college for my student.

Student Signature __________ Date __________ Parent Signature __________ Date __________
Testing Requirements

The following programs require testing PRIOR to submission of Career Academy forms:
- Automotive Service & Collision
- AgriBusiness
- Med Prep
- Precision Agriculture
- Horticulture

Requirements: Reading 62 (60 Automotive) or ACT 17 or *SAT 440 (old test)/470 (new test)

*SAT: Old tests taken prior to March 2016. Old Test: Verbal New Test: Evidence Based Reading

To be Completed by High School Counselor

Testing Completed (circle one):  Accuplacer  ACT *  SAT *

Prior Term GPA: _____ Prior Term Absences: Fall _____ (in days) Spring______ (in days)

☐ This student is or will be a junior or senior in good standing with the ability to be successful in the Career Academy Program they have chosen. Additionally, this student is on track to graduate, and our school will accept the Aims courses in this program for dual credit.

Counselor Comments (Please note that all comments are included in the student’s Aims permanent record):

___________________________________________________

___________________________________________________________

Choose ONE Program of Interest (Choices are Campus Specific) *Testing Requirement

Greeley Campus

__Audio & Radio Production  __Graphic Design  __Oil & Gas  __Welding

__Med Prep*: __a.m. session OR __p.m. session (ONE time frame must be selected)

Windsor Campus

__Automotive Collision Repair*  __Automotive Service Technology*

Loveland Campus

__Animation  __Graphic Design

Fort Lupton Campus

__AgriBusiness* __Animal Science (Ag)  __Precision Agriculture*  __Horticulture*

__Oil & Gas  __Med Prep* (p.m. only)  __Welding

For additional information about the Career Academy program, please contact:

David Jones
970-339-6659
david.jones@aims.edu

Courtney Alvarado Xospa
970-339-6542
courtney.alvaradoxospa@aims.edu

Office Use Only

A00________ Term____________ Assessment:  ACC______ ACT______ SAT______/______
Concurrent Enrollment Programs Agreement Form

Student: You have indicated that you are interested in taking a course at Aims Community College. Persons under 21 years of age enrolled in 9th-12th grade in a Colorado school district and who demonstrate academic preparedness are eligible for Concurrent Enrollment Programs. Concurrent Enrollment students earn both high school and college credit for the same course, and the student’s share of college tuition is paid by the school district. Students in 12th grade may enroll in college basic skills courses, if approved by their school district. Students retained for instructional purposes beyond the 12th grade, may enroll in no more than nine (9) college credits concurrently during the following year. To enroll in a course at Aims Community College, a student must have completed the minimum course prerequisites and all required assessments.

Program: □ Concurrent Enrollment □ Career Academy* □ ASCENT*  Semester: □ Fall □ Spring □ Summer  Year: 20__

Section A: To be completed by student (PLEASE PRINT in BLACK or BLUE INK)

| Last Name: __________________________ | Gender: □ Female □ Male* |
| First Name: _________________________ | *Must be registered for Selective Service if age 18 |
| Middle Name: ________________________ | Date of Birth: __/__/____ |
| SSN: ______________________________ | (Not required for admission, used to match past/future records & verify Selective Service) |
| HS Student ID#: _________________ | SASID #: ___________________ | Aims ID# ______________________ (if known) |
| Address: __________________________ | PO Box: ____________________ |
| City: _____________________________ | County: ___________ | State: _______ Zip: _______ |
| Phone: Mobile: ____________________ | Land Line: _______________ |
| Current High School: ______________ | School District _________ | City: __________ |
| Current Grade: ____ | Graduation Month/Year: __________ | Test(s) Taken (Circle): ACT Accuplacer SAT |
| Parent/Guardian Name(s): __________ |

Attention High School Counselor: Your initials next to a course verify that the course is included in the Student’s ICAP/PEP.

Student: You are responsible for obtaining/completing prerequisites, permissions, and orientations needed prior to registration.

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course Number</th>
<th>Title</th>
<th>Credit Hours</th>
<th>Course Location</th>
<th>Counselor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>56789</td>
<td>MAT</td>
<td>121</td>
<td>Example: College Algebra</td>
<td>4</td>
<td>College</td>
<td>JAC</td>
</tr>
</tbody>
</table>

Section B: To Be Read and Signed by Student and Student’s Parent/Guardian

Signatures below indicate that the above named student wishes to participate in the Concurrent Enrollment Program and all parties agree to the following:
1. Student has received advice and/or counsel regarding such participation from his or her current high school and/or an academic advisor.
2. The student will meet the same course expectations and prerequisites as all other college students, as noted in course catalog, class syllabus, and college policy and procedures.
3. College course credits may transfer in congruence with Colorado Guaranteed Transfer (GT) Pathways or articulation agreements if the student earns a “C” or better in the course.
4. If the student seeks to add, drop or withdraw from a college course, he/she must meet with the High School counselor and notify the college Concurrent Enrollment or Admissions staff in writing prior to the add, drop or withdrawal deadline.
5. If the Student receives a grade of ‘F’, ‘W’, or an ‘Incomplete’ on their college transcript, student may be required to pay back the tuition cost to the school district. Grades lower than ‘C’ can have an impact on future aid awards and higher education admissions.

Deadline: __________________________

Office Use Only
A00-_____________  Term ______________
6. The grade received in the course will appear on the student’s official high school and permanent college transcript and cannot be removed.
7. The course satisfies college degree, certificate and/or basic skills requirements and is in line with the students Individual Career & Academic Plan (ICAP/PEP).
8. Only courses that apply toward a college degree or certificate, or (for 12th graders only) that qualify as basic skills courses, are covered under the Concurrent Enrollment program.
9. The student may not enroll in a course under the Concurrent Enrollment Program unless it is approved by the School District. Students registering into an unapproved course(s) may be held responsible for all tuition and fees per the School District policy.
10. In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives permission to Aims Community College to report absences, disciplinary issues, and the release of grades, transcripts, in-progress grade, class schedules, and billing information, as available, to the above noted High School/School District and the Parent/Guardian listed on this form for any courses enrolled in the Concurrent Enrollment Program. Grades will be input on the student’s high school portal.
11. The student will adhere to the college Student Code of Conduct, all college rules, regulations and policies, including financial obligations, and meet all college and course deadlines as outlined in the college catalog, course schedule, and/or course syllabus.
12. Students under the age of 16 who plan on taking courses on any one of Aims CC campuses must meet with an Aims designated college advisor prior to course registration. A parent/guardian is required to attend the meeting with his/her student.

In signing this agreement, I understand and will abide by all statements and information in Sections A and B.

If the student is under 18 years of age at the time this application is signed, the student’s parent/guardian agrees:
1. Aims Community College may assess, advise, and enroll my student, and may issue and permanently record earned grades,
2. Aims Community College may hold me liable for tuition, fees, and any other charges accrued by my student, and
3. Aims Community College may hold me responsible for my student’s behavior according to college code.
4. I understand that this consent is for the entire time that my minor child is enrolled. I understand it is up to me to affirmatively withdraw my consent if I wish to do so.

Student Signature and Date  
Parent/Guardian Signature and Date

Deliver this form to your high school counselor. This agreement is student and college specific. A separate agreement and college application must be completed for each eligible post-secondary institution & term that high school students plan to attend.

Section C: Student Eligibility & High School Approval. To be completed by high school counselor/principal.

Check all that apply:
☐ This student is under 21 years of age.
☐ This student is currently in the ______ grade.
☐ This student is continuing 12th grade.
☐ *The student’s Career Academy or ASCENT Addendum is attached.
☐ This student is eligible to enroll in basic skill courses at the college (12th grade only).
☐ The student’s Accuplacer scores are attached.
☐ The student’s ACT scores are attached.
☐ The student’s SAT scores are attached.

If signed by the Principal and/or the Superintendent (or their designees), the School District agrees to pay tuition for approved credits/courses per the school or district policy.

Approved by Counselor, Principal, or designee
Name of High School __________________________ Date ________________
Signature __________________________ Title ________________

Approved by School District Superintendent or designee
Signature __________________________ Date ________________

Section D: College Approval

Approved by College Administrator
Name of College Aims Community College Date ________________
Signature __________________________ Title ________________

Office Use Only

<table>
<thead>
<tr>
<th>Aims ID</th>
<th>Term</th>
<th>Student Type: H</th>
<th><em>No Drop for Nonpayment</em></th>
<th>SGAUSDF</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00--_______</td>
<td>____</td>
<td>Degree, Major: HS, 0000</td>
<td>&quot;DF&quot; Hold</td>
<td>CA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&quot;DS&quot; Hold</td>
<td>CEPA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&quot;DU&quot; Hold</td>
<td>AC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CACE</td>
</tr>
</tbody>
</table>

Concurrent Enrollment Agreement Form  
Office of Academic Pathways  
Revised 11/11/2016
Aims Community College  
5401 W 20th St /PO Box 69, Greeley, CO 80632 (970) 330-8008  
260 College Ave, Fort Lupton, CO 80621 (303) 857-4022  
104 E Fourth Street, Loveland, CO 80637 (970) 667-4611  
www.aims.edu

APPLICATION FOR ADMISSION

Indicate the year and term you wish to attend:  
☐ Fall ☐ Spring ☐ Summer  20____

### PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name: ____________________________</th>
<th>Gender: ☐ Female ☐ Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: ___________________________</td>
<td>Date of Birth: <em><strong><strong>/</strong></strong></em>/_____ (mm/dd/yy)</td>
</tr>
<tr>
<td>Middle Name: __________________________</td>
<td>Social Security Number: ____________________________</td>
</tr>
<tr>
<td>Previous Name(s) (if applicable): ____________________________</td>
<td>[While a SSN is not required for admission, it is used to match past/future records &amp; is required for education tax credits &amp; most financial aid.]</td>
</tr>
</tbody>
</table>

### PHYSICAL / MAILING ADDRESS

<table>
<thead>
<tr>
<th>Street: ____________________________</th>
<th>PO Box: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>City: ____________________________</td>
<td>County: ____________________________</td>
</tr>
<tr>
<td>State: _______ Zip: _______</td>
<td>Phone: Mobile: ( ) ____________________________</td>
</tr>
<tr>
<td>Personal Email Address: ________________</td>
<td>Land Line: ( ) ____________________________</td>
</tr>
</tbody>
</table>

### ETHNICITY (Voluntary for State & Federal reporting)

☐ Hispanic or Latino  ☐ Asian
☐ Not Hispanic or Latino  ☐ Native Hawaiian/Pacific Islander  ☐ White

### RACE (Voluntary for State & Federal reporting)

☐ American Indian/Alaska Native  ☐ Black/African American

### Check all that apply

☐ U.S. Citizen (Y)  ☐ U.S. Permanent Resident (must provide official documentation) (PR)
☐ Resident Alien No. A______
☐ I have a Visa (must provide official documentation) (OT)
☐ Type: ____________________________ [e.g. F-1, B1/B2, J]
☐ Exp. Date: ____________________________
☐ I have refugee/asylum status (must provide official documentation) (OT)
☐ I am not a US citizen and have no lawful status with the US Citizenship & Immigration Service (NS)
☐ This information is NOT reported to USCIS

### CITIZENSHIP (Select only one)

| ☐ Did not graduate from High School (LHS) |
| ☐ Currently in High School (C09-C12) Grade: _______ |
| ☐ High School Graduate (HS) |
| ☐ Received GED (GED) |
| ☐ Occupational Certificate (1) |
| ☐ Associate Degree - Circle one: AA AS AAS AGS |
| ☐ Bachelors Degree (4) |
| ☐ Masters or higher (5) |

### HIGHEST EDUCATION LEVEL COMPLETED

| ☐ Peace Officer Academy (PRECERTBP00) |
| ☐ Nursing (PREAASNU00) |
| ☐ Radiological Technology (PREAASRT00) |
| ☐ Surgical Tech (PREAASST02) |
| ☐ Paramedic (CERTEM13) |

### TERM OF ATTENDANCE / COURSE OF STUDY INFORMATION

While at Aims, which of the choices below will be your program of study? (Choose only one, please)

☐ AA: Associate of Arts, Liberal Arts (designed to transfer to a 4-year school) 
  Area of Study (optional): ☐ Anthropology ☐ Business ☐ Criminal Justice 
  ☐ Early Childhood Ed ☐ Economics ☐ Elementary Ed ☐ French ☐ History 
  ☐ Math ☐ Political Science ☐ Psychology ☐ Sociology ☐ Spanish

☐ AS: Associate of Science, Liberal Arts (designed to transfer to a 4-year school) 
  Area of Study (optional): ☐ Psychology

☐ AAS: Associate of Applied Science 
  Specific major (required): ____________________________

☐ Occupational Certificate 
  Specific major (required): ____________________________

☐ Selective Admission Programs: If pursuing a program listed below, a separate application may be required 
  ☐ Peace Officer Academy (PRECERTBP00)  ☐ Nursing (PREAASNU00) 
  ☐ Radiological Technology (PREAASRT00)  ☐ Surgical Tech (PREAASST02) 
  ☐ Paramedic (CERTEM13)

If NOT declaring one of the above majors, please select one of the choices below (Check only one box, please)

☐ High School Concurrent Program Participant (HS)  ☐ Will not graduate or transfer, but will take classes for personal interest only (NONE)  ☐ Will transfer credit to another school but will NOT graduate from Aims (TR)  ☐ Undecided or Unknown (00000)

| ☐ ☐ ☐ Has either of your parents earned a 4-year degree? (4+y)  ☐ ☐ |

### MILITARY

Are you a Veteran? (V)  ☐ Yes ☐ No

Are you Active Duty Military? (A)  ☐ Yes ☐ No

Are you a Military Dependent of either a veteran or active duty member? (D)  ☐ Yes ☐ No

### OFFICE USE ONLY

| ☐ ☐ ☐ ☐ ☐ Has either of your parents earned a 4-year degree? (4+y)  ☐ ☐ |

Aims ID: ____________________________

LTA: _______  Prev App Dt: __________


Res Class: In-District (1) Out of District (2) Out of State (3) Unknown (0)

Holds:  “RH” Lawful Pres  “RD” Selective Service  “RI” “RT” Under 16 yrs Citizen Undetermined

Date Received: By: ____________________________

Date Entered: By: ____________________________
**HIGH SCHOOL / GED / COLLEGE INFORMATION**

High School Name: ____________________________
City & State: ________________________________
SASID # (State-Assigned Student ID #): ________________
Graduation Date: ____________________________
Currently enrolled in high school?  ☐ Yes  ☐ No
Will you be taking Aims courses while still in high school?  ☐ Yes  ☐ No

If not a high school graduate, did you complete a GED?
☐ Yes  ☐ No
If you are under 23 years old but not married, please answer the questions for your parent or guardian. If you are over 23, or under 23 and have been married for at least a year, please provide only your information. *NOTE* If you are 22 years old, use columns “A” and “B”.

<table>
<thead>
<tr>
<th>Column A - STUDENT</th>
<th>Column B - PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If 23 Years Old or Older. Answer for: SELF</strong></td>
<td><strong>If Under 23 Years Old, Answer for:</strong></td>
</tr>
<tr>
<td>☐ If you are under 23 years old and married for at least 1 full year. Marriage Date: ____________________________</td>
<td>☐ Parent</td>
</tr>
<tr>
<td>☐ If you are under 23 years old but Emancipated from your parents (Attach Proof of Emancipation)</td>
<td>☐ Court-Appointed Legal Guardian</td>
</tr>
<tr>
<td><strong>Dates of continuous physical presence in Colorado</strong></td>
<td><strong>Dates of continuous physical presence in Colorado</strong></td>
</tr>
<tr>
<td><strong>/</strong>/__ to <strong>/</strong>/__</td>
<td><strong>/</strong>/__ to <strong>/</strong>/__</td>
</tr>
<tr>
<td>Month Day Year to Month Day Year</td>
<td>Month Day Year to Month Day Year</td>
</tr>
<tr>
<td><strong>Dates of any extended absence from Colorado in past 12 months (More than 1 month)</strong></td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td><strong>/</strong>/__ to <strong>/</strong>/__</td>
<td><strong>/</strong>/__ to <strong>/</strong>/__</td>
</tr>
<tr>
<td>Month Year to Month Year</td>
<td>Month Year to Month Year</td>
</tr>
<tr>
<td><strong>Reason for absence:</strong></td>
<td><strong>Have you filed a:</strong></td>
</tr>
<tr>
<td>____________________________</td>
<td>☐ 2015 Colorado State Tax Return</td>
</tr>
<tr>
<td><strong>List other source of income if not employed</strong></td>
<td><strong>Dates of employment in Colorado or List other source of income if not employed</strong></td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td>☐ Yes  ☐ No</td>
</tr>
</tbody>
</table>

| **Last 3 years of Colorado Motor Vehicle Registration (Colorado License Plates/Tags Renewal)** | **Are you registered to vote in Colorado?** |
| ☐ 2015  ☐ 2016  ☐ 2017 | ☐ Yes  ☐ No |
| ☐ 2015  ☐ 2016  ☐ 2017 | ☐ Yes  ☐ No |

**STUDENT / PARENT SIGNATURES MUST BE SIGNED**

I certify, under penalty of perjury, that the information I have provided on this form is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient case for delay of admission, loss of credit, rejection, or dismissal. If asked by an authorized official, I agree to provide proof of the information I have provided.

I agree to abide by all policies, rules and regulations of the College regarding conduct and other obligations, including, but not limited to, financial obligations as stated in the Tuition and Fee Payment Policy. I agree to all terms and conditions as stated in this agreement with the College and to be held responsible for all charges incurred, including but not limited to, any service fees or other penalties incurred.

Student Signature: __________________________ Date: ____________

If the student is under 18 years of age at the time this application is signed, the student's parent or court-appointed guardian must also sign the application, certifying:

1. Aims Community College may assess, advise, and enroll my student, and may issue and permanently record earned grades,
2. Aims Community College may hold me liable for tuition, fees, and any other charges accrued by my student, and
3. Aims Community College may hold me responsible for my student’s behavior according to college code.
4. I understand that this consent is for the entire time that my minor child is enrolled. I understand it is up to me to affirmatively withdraw my consent if I wish to do so.

Parent Signature (for students under age 18): __________________________ Date: ____________
Print Name of Parent or Guardian signing: __________________________

(Revised 02/27/17)
Career Academy
Parent Acknowledgment

Student Name: _____________________________  Current Grade: __________________________

Current High School: ____________________________  Term:  Fall or Spring  Year: _________

Your signature below indicates your approval for the above named student to participate in the Career Academy Program and agreement to the following:

1. Advice and counsel regarding such participation has been received from your current high school.
2. Summer courses are not covered under the Career Academy tuition reimbursement; however, the student can choose to receive high school credit.
3. With regards to college activities, qualified students may participate in some activities, but are not eligible for NCAA athletic activities.
4. If the student decides to DROP from Career Academy, a Drop Form must be submitted to their high school counselor for approval. DROP deadlines must be adhered to; otherwise, students may receive a W on their official transcript and be responsible for tuition reimbursement to Greeley-Evans School District 6. **See counselor for necessary forms**
5. The student agrees to attend the Career Academy Program that was approved by the district. If for any reason the student cannot attend a particular day, it will be the responsibility of the student to inform their high school counselor and college professor of their absence.
6. The Career Academy tuition is $1,000.00 per semester and is paid for by Greeley-Evans School District 6.
   - By signing this agreement, the student, parent and guardian agree that Greeley-Evans School District 6 will pay all the Career Academy tuition, fees, required books, and course materials for the program the student has been approved for.
   - The student, parent and guardian understand that if the student does not pass with a grade of C or higher in the program, then the student/parent/guardian will be responsible for reimbursing Greeley-Evans District 6 in the amount of $1,000.00 for the cost of the Career Academy program.
   - The student must provide their own transportation to and from the college.
   - I wish to pay my own tuition. Only applies to students who have a full high school course load or home schooled students (Note: school district does not pay cost for independent home schooled students.)

Student Signature (REQUIRED)  Date  Parent/Guardian Signature (REQUIRED)  Date

Check with your high school counselor for application due date & drop deadlines.
This agreement is student, college, & semester specific.

Return to your high school counselor

Updated 2/11/16
Career Academy Program
Promise to Repay Contract
(Based on Class Failure or Late Withdrawal)

Student wishes to participate in this program for: School Year: ____________________________

| Student Last Name: ____________________________ | First Name: ____________________________ | MI: ____________________________ |
| High School Currently Attending: ____________________________ | Grade Level: _______ | Date of Birth: ____________________________ |
| Student ID: ____________________________ | State ID: ____________________________ |
| Address: ____________________________ | City: ____________________________ | State: ____________________________ | Zip: ____________________________ |
| Parent/Guardian Name: ____________________________ | Phone: ____________________________ |
| Address (if different from student) ____________________________ |

This Agreement Will Cover All Post-Secondary Classes Taken While Attending This High School For This School Year.

If the student does not pass with a grade of “C” or higher or withdraws after the college census date, the Student/ parent/guardian are required to reimburse Greeley-Evans School District 6 for the full tuition amount of the Career Academy Program. Career Academy tuition is $1,000.00 per semester. For additional questions regarding tuition for Career Academy, please contact your counselor.

Your signature below indicates that you agree to the following:

- You have read and agree to the terms and conditions of participation specified in the Concurrent Enrollment Parent Acknowledgement.

- Reimbursement will be made to Greeley-Evans School District 6 within 5 weeks of the end of the semester for the amount of tuition paid for the above-named student if the student does not pass each course taken with a grade of “C” or higher and/or withdraws after census date or without the written consent of the high school principal or counselor.

- Failure to reimburse under the above-specified conditions will result in the tuition amount being added to the student’s fees. If fees are not paid, the account may be forwarded to a collection agency.

Student Signature (REQUIRED) ____________________________ Date ____________

Parent/Guardian Signature (REQUIRED) ____________________________ Date ____________

High School Counselor Signature ____________________________ Date ____________

Return to your high school counselor

Director or Designee Signature ____________________________ Date ____________

This Form Will Be Retained by Greeley-Evans School District 6 for Tuition Collection if Necessary.