PLEASE KEEP FOR YOUR RECORDS

1. The grades I earn will become part of my permanent college record.

2. I hereby give permission for Lewis-Clark State College to release college grades to the high school and if applicable to the Idaho Tech Prep program.

3. Credit transfer is determined by the receiving institution.

4. I must be 16 years of age by the 10th day of LCSC’s term OR have successfully completed one-half of my high school graduation requirements. Students under 16 years of age must receive special permission (see high school counselor signature section on registration form).

5. Tech Prep requires a student to pass the course with a "B-" or better before credit is awarded. Students who fail to meet this grade requirement OR who drop the course will have the course removed from their college transcript by the Tech Prep instructor’s submission of a Tech Prep Withdrawal form prior to the last day of the course.

6. By enrolling in Tech Prep eligible courses, I will be recognized in the Idaho Tech Prep program.

7. Please note that you need to be aware of your college education. The grades and number of credits acquired can potentially affect a student’s Satisfactory Academic Progress (SAP). SAP is a condition of receiving financial aid as a full-time college student. Please go to http://www.lcsc.edu/financialaid/satisfactory-academic-progress-policy/ for more information.

The student and parent’s signature on the attached Registration Form signifies they have read and understand these policies.
Students applying for Lewis-Clark State College Tech Prep credit courses offered at their high school must complete this application and registration form for each semester they wish to participate. This form must be approved by the appropriate official(s) at the high school before being submitted to LCSC. If registering for more than 7 credits, contact Tech Prep at 208.792.2418. Incomplete applications will not be processed.

### Name:

<table>
<thead>
<tr>
<th>Legal Last</th>
<th>Legal First</th>
<th>Middle</th>
<th>Preferred</th>
</tr>
</thead>
</table>

### Mailing Address:

<table>
<thead>
<tr>
<th>Address and/or PO Box</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

### Semester:

- Fall
- Spring
- Summer
- Year

### Phone:

- Home (______)
- Cell (______)

### Citizenship:

- U.S.
- Other, if "other" continue.

### Race (select one or more):

- American Indian/Alaska Native
- Black/African American
- Hawaiian/Other Pacific Islander
- International

### Email:

### Gender:

- Male
- Female

### Ethnicity (optional):

- Are you of Hispanic or Latino origin?
  - Yes
  - No

### Current Grade Level:

- 9
- 10
- 11
- 12

### Anticipated Graduation Date

- MM/DD/YYYY

### Date of Birth (required):

- MM/DD/YYYY

### Date of Registration: ________________

### Registrar’s Initials: ________________

### LCSC Advisor: ______________________

### Dept. Example: MEDPT

<table>
<thead>
<tr>
<th>Course</th>
<th>Section</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>172</td>
<td>TP2L1</td>
<td>Medical Terminology</td>
<td>4</td>
</tr>
</tbody>
</table>

### For High School Counselor to Complete:

I certify the above student is at least 16 years of age by the 10th day of LCSC’s term OR has completed half of his/her high school graduation requirements OR is 14 or 15 year of age AND has obtained required high school faculty signatures. I certify the student’s readiness to take college courses. I understand it is the responsibility of the high school, not Lewis-Clark State College, to apply these classes toward high school graduation requirements.

- High School Name (do NOT abbreviate) ______________________________
- High School Counselor’s Signature ______________________ Date: __________

### Privacy Laws of Educational Records: Information Release

Lewis-Clark State College is required by the Family Educational Rights and Privacy Act (FERPA) to keep student records confidential. Without your express permission, we cannot share your student records with anyone but you (or appropriate college employees, high school counselors, or Tech Prep instructors). By signing below you are allowing LCSC to disclose your academic and financial records to the parent/guardian(s) noted below. Without your signature, your parents cannot contact the college on your behalf. For more information: [http://www.lcsc.edu/registrar/data-privacy/](http://www.lcsc.edu/registrar/data-privacy/)

### For Student and Parent/Guardian to Complete:

I have read the information page regarding Tech Prep at LCSC and understand the conditions of enrollment and the expectations of participation in the program. By enrolling in Tech Prep eligible courses, I will be recognized in the Idaho Tech Prep program. I have also read and understand the FERPA statement above.

- Student Signature: __________________________ Date: __________ Parent’s Phone #: __________________

- Parent/Guardian Name (print) __________________________ Signature: __________________________