

SUN DIEGO VA

San Diego Community College District

Supplemental Application and Certification of Special Part-Time Joint High School Diploma Student

Name:	Student ID Number:
	Expected High School Graduation Date:
Admission Regulations: (initial)
	ploma Program plan on file at their respective sitecampus .
	rse per semester or session. This maximum includes classes at City,
4. Students must satisfy prerequisites and eligi	gibility requirements for each course.
5. Students must maintain a 2.0 grade point av	
	xceed 40% in any semester or session the student will be academically
7. Physical education activity classes will not b	be permitted for enrollment.
8. The course is advanced scholastic or techni	iical.
9.8. Students will be given college credit for all	courses. Grades will be part of the student's permanent college record
2. Lack Of Progress Probation/Disqualificat	
A joint diploma student shall be placed on la	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.), hereby authorize access to all of my academic records ege District to the following school/person/organization listed below:
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.), hereby authorize access to all of my academic records ege District to the following school/person/organization listed below:
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.), hereby authorize access to all of my academic records ege District to the following school/person/organization listed below:
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.
A joint diploma student shall be placed on la which entries of "W", "I" and "NP" are record Access to Student Record: (initial	ack of progress disqualification when the percentage of all units for ded reaches or exceeds 40%. Probationary status will not apply.

inis is to certify t	hat:										
				tudent's Name)				_			
at:		(Name of High S	chool Site)		hi	gh sch	1001 <u>/C</u>	<u>:E can</u>	<u>npus</u>	has m	
		munity college bas cation Code Section	sed upon their	ability to benefit	from adv	anced	schol	lastic	work i	'n	
The above stude during the:	nt is approved ☐ Fall	to attend one of the	ne course <u>s</u> list □ Summer				ommu	nity C	ollege	e Distri	
	Course	Class Monts									
Subject Area (i.e. ENGL) Number (i.e. 101)	Class Number (Formerly CRN)	# of Units	Hours (Begin/End)	M	Т	W	Th	F	S		
As a high school regular school da		, I certify that this	student is not l	peing claimed for	· ADA if t	he cla	ss me	ets du	ıring t	he	
pervising Admini	strator Author	<mark>rized Signee</mark> Nam	ne:	First						_	
RINT)		Las	st	First					gh Sch		
pervising Admini	strator Author	<mark>rized Signee</mark> Sign	nature:					S	eal/Star	np /	
								_			
hool Talanhan											
moor relepnone:	()_		Dat	e:							
moor relepnone:	()		Dat	e:							
·											
the student listed	on the reverse	a minor under 18	years of age?		<u>□</u> <u>No</u>						
the student listed	on the reverse	a minor under 18	years of age?								
the student listed	on the reverse otain parental/gu	a minor under 18 Jardian authorizatio ardian Permission	<u>years of age?</u> on below. n for Minor Cl		<u>□</u> <u>No</u>		ss				
the student listed	on the reverse otain parental/gu	a minor under 18 Jardian authorizatio ardian Permission	<u>years of age?</u> on below. n for Minor Cl	☐ Yes	<u>□</u> <u>No</u>		ss				
the student listed ves, student must of	on the reverse otain parental/gu Parent/Gua	a minor under 18 vardian authorizatio ardian Permission (to be comp	years of age? on below. on for Minor Cl	Yes nild to Enroll in arent/Guardian)	<u>□</u> <u>No</u>		SS				
the student listed of ves, student must of the nor Student Name	on the reverse tain parental/gu Parent/Gua	a minor under 18 vardian authorizatio ardian Permission (to be comp	years of age? In below. In for Minor Clobleted by the Pa	Yes nild to Enroll in arent/Guardian)	□ No a Colleg	e Clas	SS				
the student listed of ves, student must of the nor Student Name	on the reverse tain parental/gu Parent/Gua	a minor under 18 vardian authorizatio ardian Permission (to be comp	years of age? In below. In for Minor Clobleted by the Pa	Yes nild to Enroll in arent/Guardian)	□ No a Colleg	e Clas		ter/Yea	ar)		
the student listed over student must of the student must of the student Name of the student Name of the student Name of the student permission for the student permission pe	Parent/Gua	a minor under 18 vardian authorization ardian Permission (to be compared) roll in the indicated	years of age? on below. In for Minor Clodeted by the Pa	Yes nild to Enroll in arent/Guardian) ed herein during	No No a Collegethe:	e Clas	Semes		•	rds	
the student listed over student must of the student must of the student Name of the st	Parent/Gua	a minor under 18 vardian authorization ardian Permission (to be compared) roll in the indicated	years of age? on below. In for Minor Clodeted by the Pade class(es) listed at law, I will not	Yes nild to Enroll in arent/Guardian) ed herein during have the right to	No a Collegethe:	e Clas	Semes		•	rds	
nor Student Name: rant permission for I understand that without their writte	Parent/Gua Parent/Gua Parent/Gua my child to end accordance were consent or a Mon, injury or life the ervices staff to a	a minor under 18 vardian authorization ardian Permission (to be composed for the indicated with state & federal court order. Ilinor's Authorization areatening emergent assess and treat minor in the indicated i	years of age? on below. In for Minor Clodeted by the Parada class(es) listed at law, I will not tion Consent encies, I hereby hy child.	Yes mild to Enroll in arent/Guardian) ed herein during have the right to for Medical Tready authorize San I	No a College the: access atment Diego Cit	(s my ch	Semes ild's c	ollege d/or M	reco	r Colle	
nor Student Name: rant permission for I understand that without their writter In cases of illness Student Health Se Permission is also	Parent/Gua Parent/Gua Parent/Gua my child to end accordance were consent or a Mon, injury or life the ervices staff to a	a minor under 18 vardian authorization ardian Permission (to be composed for the indicated with state & federal court order. Ilinor's Authorization areatening emergent assess and treat minor in the indicated i	years of age? on below. In for Minor Clodeted by the Parada class(es) listed at law, I will not tion Consent encies, I hereby hy child.	Yes mild to Enroll in arent/Guardian) ed herein during have the right to for Medical Tready authorize San I	No a College the: access atment Diego Cit	(s my ch	Semes ild's c	ollege d/or M	reco	r Colle	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers.	Parent/Gua Parent/Gua my child to end an accordance were consent or a Month, injury or life the ervices staff to a granted to pro-	a minor under 18 vardian authorization (to be composed in the indicated with state & federal court order. Ilinor's Authorization reatening emergenessess and treat movide a referral to a	years of age? In below. In for Minor Clodeted by the Paragraphy Id class(es) listed at law, I will not be tion Consent encies, I hereby child. In outside physical an outside physical below.	Yes nild to Enroll in arent/Guardian) ed herein during have the right to record to authorize San I sician and facility	No a College the: access atment Diego Cit	(s my ch	Semes ild's c sa and cessa	ollege	reco irama health	r Colle	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d	Parent/Gua Parent/Gua Parent/Gua my child to end an accordance were consent or a My injury or life the ervices staff to a granted to pro oes not cover s	a minor under 18 vardian authorization ardian Permission (to be composed for the indicated with state & federal court order. Ilinor's Authorization reatening emerge assess and treat movide a referral to a special elective pro-	years of age? In below. In for Minor Cloleted by the Particular and the properties of the properties o	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth	no	(s my ch y, Mes	Semes ild's c sa anc cessa biopsy	ollege d/or Mi iry by l	reco irama health	r Colle n care moval	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d	Parent/Gua Parent/Gua Parent/Gua my child to end an accordance was consent or a my child to end an accordance was consent	a minor under 18 vardian authorization ardian Permission (to be composed in the indicated with state & federal court order. linor's Authorization assess and treat mixed a referral to a special elective product via telephone, ar	years of age? In below. In for Minor Clodeted by the Paragraphy Id class(es) listed at law, I will not be the encies, I hereby child. In outside physical sent consert consert consert.	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth to form for permis	a Collegenthe: a collegenthe: a access atment Diego Cit v, if deem esia (sut	(s) my ch y, Mes ned nec	Semes ild's c sa and cessa biopsy thes	d/or Mary by toer	irama health	r Colle n care moval es.	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d Parent/guardian w Per state law, par (birth control).	Parent/Gua Parent/Gua Parent/Gua my child to end an accordance wan consent or a My injury or life the ervices staff to a granted to proposes not cover so will be contacted ental permission	a minor under 18 vardian authorizatio ardian Permission (to be comp roll in the indicated with state & federal court order. linor's Authorization reatening emerge assess and treat movide a referral to a special elective produired on is NOT required	years of age? In below. In for Minor Clobleted by the Paragraph of the Par	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth at form for permiseatment of sexua	No a College the: access atment Diego Cit y, if deem esia (sut	(s) my ch y, Mes ned necuring, berform	Semes ild's c sa anc cessa biopsy thes diseas	d/or Miny by toer e procese and	reco irama health nail re cedure	r Colle n care moval es. racept	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d Parent/guardian w Per state law, par (birth control). Nominal fees may	Parent/Gua Parent/Gua Parent/Gua my child to end an accordance was consent or a My injury or life the ervices staff to a granted to proposes not cover so will be contacted ental permission be charged for	a minor under 18 vardian authorizatio ardian Permission (to be comp roll in the indicated with state & federal court order. linor's Authorization reatening emerge assess and treat movide a referral to a special elective produced via telephone, ar in is NOT required	years of age? In below. In for Minor Clobleted by the Paragraph of the Par	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth at form for permisatment of sexual procedures of sicial procedures of	No a College the: access atment Diego Cit v, if deem esia (sut esion to p lly transr	(s)	Semes ild's c sa and cessa biopsy thes diseas	d/or Mi try by l y, toer e proc se and	reco irama health nail re cedure d cont	r Colle n care moval es. racept	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d Parent/guardian w Per state law, par (birth control). Nominal fees may providers at the control of the student of the state law, par (birth control).	Parent/Gua Parent/Gua Parent/Gua Parent/Gua my child to end n accordance were consent or a My injury or life the ervices staff to a granted to proposes not cover so will be contacted ental permission be charged for oblege Student I	a minor under 18 vardian authorization (to be composed in the indicated with state & federal court order. Ilinor's Authorization reatening emergent assess and treat movide a referral to a special elective produced via telephone, aron is NOT required or laboratory, pharm Health Services.	years of age? In below. In for Minor Clobleted by the Paragraph of the Paragraph of the Paragraph of the Paragraph of the Payment of the Paym	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth at form for permise the form for permise the fees will be reserved.	No a College the: access atment Diego Cit f, if deem esia (sut esion to p lly transr deemed r equired a	(s)	Semes ild's c sa and cessa biopsy thes diseas	d/or Mi try by l y, toer e proc se and	reco irama health nail re cedure d cont	r Colle n care moval es. racept	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d Parent/guardian w Per state law, par (birth control). Nominal fees may providers at the control of the student of the state law, par (birth control).	Parent/Gua Parent/Gua Parent/Gua Parent/Gua my child to end n accordance were consent or a My injury or life the ervices staff to a granted to proposes not cover so will be contacted ental permission be charged for oblege Student I	a minor under 18 vardian authorization (to be composed in the indicated with state & federal court order. Ilinor's Authorization reatening emergent assess and treat movide a referral to a special elective produced via telephone, aron is NOT required or laboratory, pharm Health Services.	years of age? In below. In for Minor Clobleted by the Paragraph of the Paragraph of the Paragraph of the Paragraph of the Payment of the Paym	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth at form for permise the form for permise the fees will be reserved.	No a College the: access atment Diego Cit f, if deem esia (sut esion to p lly transr deemed r equired a	(s)	Semes ild's c sa and cessa biopsy thes diseas	d/or Mi try by l y, toer e proc se and	reco irama health nail re cedure d cont	r Colle n care moval es. racept	
nor Student Name: rant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d Parent/guardian w Per state law, pare (birth control). Nominal fees may providers at the col	Parent/Gua Parent/Gua Parent/Gua Parent/Gua my child to end n accordance was consent or a My injury or life the ervices staff to a granted to propose not cover so will be contacted ental permission be charged for ollege Student I lege to provide	a minor under 18 Jardian authorization ardian Permission (to be composite to be court order. Ilinor's Authorization and the court order. Ilinor's Authorization areatening emergences and treat movide a referral to a court order. In it is not required to be composite	years of age? In below. In for Minor Clobleted by the Paragraph of the Paragraph of the payment of the tomy child in the payment of the payment of the tomy child in the payment of the tomy child in the payment of the payment of the payment of the tomy child in the payment of	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth at form for permise the term of sexual cial procedures of see fees will be recase of emerge	No a College the: access atment Diego Cit f, if deem esia (sut esion to p lly transr deemed r equired a	(s)	Semes ild's c sa and cessa biopsy thes diseas	d/or Mi try by l y, toer e proc se and	reco irama health nail re cedure d cont	r Colle n care moval es. racept	
inor Student Name: grant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d Parent/guardian w Per state law, pare (birth control). Nominal fees may providers at the col I authorize the col	Parent/Gua Parent/Gua Parent/Gua my child to end n accordance were consent or a My injury or life the cryices staff to a granted to propose not cover so will be contacted ental permission be charged for ollege Student I lege to provide read and und	a minor under 18 Jardian authorization (to be composed in the indicated with state & federal court order. Ilinor's Authorization in the indicated in the indic	years of age? In below. In for Minor Clobleted by the Paragraph of the Paragraph of the payment of the tomy child in the payment of the payment of the tomy child in the payment of the tomy child in the payment of the payment of the payment of the tomy child in the payment of	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth at form for permise the term of sexual cial procedures of see fees will be recase of emerge	No a College the: access atment Diego Cit f, if deem esia (sut esion to p lly transr deemed r equired a	(s)	Semes ild's c sa and cessa biopsy thes diseas	d/or Mi try by l y, toer e proc se and	reco irama health nail re cedure d cont	r Colle n care moval es. racept	
inor Student Name: grant permission for I understand that without their writte In cases of illness Student Health Se Permission is also providers. This permission d Parent/guardian w Per state law, par (birth control). Nominal fees may providers at the co	Parent/Gua Parent/Gua Parent/Gua my child to end n accordance were consent or a My injury or life the cryices staff to a granted to propose not cover so will be contacted ental permission be charged for ollege Student I lege to provide read and und	a minor under 18 Jardian authorization (to be composed in the indicated with state & federal court order. Ilinor's Authorization in the indicated in the indic	years of age? In below. In for Minor Clobleted by the Paragraph of the Paragraph of the payment of the tomy child in the payment of the payment of the tomy child in the payment of the tomy child in the payment of the payment of the payment of the tomy child in the payment of	Yes nild to Enroll in arent/Guardian) ed herein during have the right to authorize San I sician and facility ring local anesth at form for permise the term of sexual cial procedures of see fees will be recase of emerge	No a College the: access atment Diego Cit f, if deem esia (sut esion to p lly transr deemed r equired a	y, Mesoned necessent the ti	Semes ild's c sa and cessa biopsy thes diseas	d/or Mi try by l y, toer e proc se and	reco irama health nail re cedure d cont	r Colle n care moval es. racept	