



Early College Access Programs Parallel Enrollment and Tuition Free Consent Form

BCPS students must submit this form to the CCBC Admissions Office before registering for classes. (Please print firmly)

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Phone Number _____ Email _____

Declaration of Residency: Baltimore County Other County (Please Specify): _____

Current Grade Level: 9th 10th 11th 12th

Name of High School _____ **Year of Graduation** _____

CCBC Location: Catonsville Dundalk Essex Hunt Valley Owings Mills Randallstown BCPS High School

Semester of CCBC Enrollment: Fall Spring Winter Summer Year _____

I verify that the above named student has school approval to register for college courses at CCBC.

High School Counselor Signature _____

As an Early College Access Program student enrolling in the Parallel Enrollment Program (PEP) or the Tuition Free Program, I understand that:

1. I am responsible for the payment of books, supplies, tuition and fees (if applicable)
2. I am participating in a collegiate experience with a diverse nature and assume responsibility for behavior appropriate to this environment.
3. CCBC courses are articulated with many four-year institutions, and I will meet with an Academic Advisor to discuss the transferability of courses.
4. I am responsible for changes in my class schedule. If I wish to drop/add a class, I must complete the drop/add form available in the Enrollment Services Center and bring a copy to the Admissions Office.
5. I have the same rights and responsibilities as any other CCBC student.

To be eligible for participation in the Tuition Free Program, I must meet all of the following criteria:

- A. Enrollment in a BCPS High School as a junior or senior
- B. Overall unweighted grade point average of 2.50
- C. Enrollment in credit bearing General Education or Career Program courses at CCBC during the fall and spring semesters.
- D. Have not exceeded enrollment in four courses in the Tuition Free Program.

As the parent/guardian and student, I understand that:

1. Full participation of the student in all course activities, including labs and field trips, is expected and permission to do so is granted.
2. Access to student progress records, grades and other information without a written release from the student is limited by federal law.
3. CCBC reserves the right to admit and enroll BCPS Early College Access students on a case-by-case basis.

I give my permission to CCBC to release information regarding my educational experience to my high school which may include placement test scores, course registration(s), grades and attendance records. I give BCPS permission to electronically release my high school transcript, grade point average, and Free and Reduced Lunch certification (if applicable) to CCBC in accordance with the BCPS/CCBC Memorandum of Understanding (MOU).

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

FOR ADMISSION OFFICE USE ONLY

Student ID Number _____ Semester _____ Year _____

I verify that the above named student is eligible is not eligible to receive the 50% tuition waiver for the PEP Program.

This student is eligible is not eligible for the Tuition Free program waiver.

This student is eligible is not eligible for the Tuition Free FARMS fee waiver.

Total Number of Course Enrollments taken in the Tuition Free (including current semester): _____

CRN Numbers(s) for Course Registration(s): _____

Admissions Staff Member Signature _____ Ext. _____ Date _____