

**PALOMAR COLLEGE**  
**Admissions & Records Office**

Approval For K-12 (Non High School Graduate) Student /Graduation Verification of Minor (under 18)

Circle one: Spring Summer Fall Year: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Student 's SSN: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Palomar I.D. Number: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First M.I.

1. The above named student will graduate on \_\_\_\_\_ after successful completion of the requirements has been verified by the high school district.
2. The above named student (please check)  **is currently attending** classes at an **accredited** private or public school and has district approval to register in classes at Palomar College, so long as they do not conflict with school sessions;  **is not attending** classes at an **accredited** private or public school, is not truant, and has district approval to register in classes at Palomar College. I verify that my school district is recommending the student for advanced scholastic or vocational training.
3. All conditions under Education Code 76001-02 are met. If this recommendation is for summer session classes, this student does not exceed 5% of the total number of pupils who completed the pupil's grade level immediately prior to the time of recommendation

**PLEASE PRINT**

Name of Counselor/Principal/District Official \_\_\_\_\_

School Name: \_\_\_\_\_

City: \_\_\_\_\_

Signature of Counselor/Principal/District Official: \_\_\_\_\_

Date: \_\_\_\_\_

**Student's school district official, please complete for students under 15 years of age.**

**Palomar College Instructor signature required for students under 15 years of age.**

Course requested: \_\_\_\_\_

Instructor signature: \_\_\_\_\_

Course requested: \_\_\_\_\_

Instructor signature: \_\_\_\_\_

NOTE: Some English and math classes require Palomar College proof of eligibility; also some courses have prerequisites or co-requisites, which must be met. The Palomar College catalog and class schedule contain these enrollment conditions. Students under 15 years of age are restricted to courses designed for children. Permission to enroll in other classes rests with the instructor.

**Home-schooled Students:** Please bring a copy of the Private School Affidavit, which must be filed each year in the fall semester (covers fall, spring, summer) to the Admissions Office. The Private School Affidavit must be filed online at <http://www.cde.ca.gov/privateschools/affidavit.html>.

**Parental Consent:** I understand that my child intends to register in classes which are open to the adult public, **NOT** designed specifically for students under age 18; and that the Palomar Community College District accepts no responsibility or liability for any extraordinary supervision of students, who are less than 18 years of age and who are not high school graduates. I recognize that my child will be considered a college student according to FERPA and that I must show proof of financial support if I am to access my child's records. In the event the student uses a computer, the College is not responsible for content found, read, downloaded, transferred or otherwise manipulated on the Internet. All students regardless of age must abide by the **Guidelines for Student Use of Computers**. I accept responsibility for my child's behavior while he/she is attending a Palomar College class and my child will abide by the Student Code of Conduct.

**I understand that only the enrollment fee will be waived and I agree to pay all fees as outlined on the reverse of this for Parent/Guardian Initials \_\_\_\_\_**

**I \_\_\_\_\_ hereby affirm that I provide over 50% of the financial support for my dependent student, named above and have declared the student as a dependent on my state/federal income tax return. Parent Signature \_\_\_\_\_**

PRINT Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Approved by Director of Enrollment Services: \_\_\_\_\_

Date: \_\_\_\_\_

(Required for non-graduated, non-truant students who are less than 18 years of age)

## INSTRUCTIONS FOR APPROVAL OF K-12 STUDENT TO ENROLL

**COUNSELOR/PRINCIPAL/DISTRICT OFFICIAL:** Complete the upper half of this form, including signature.

**PARENT/GUARDIAN:** Complete the lower half of this form, including signature. Also, complete and sign the Authorization to Consent to Treatment of Minor form. BOTH forms must be turned in **for each semester** before the student attends classes at Palomar College. Please turn the forms in to the Admissions Office.

**HOME-SCHOOLED STUDENTS:** Please bring a copy of the Private School Affidavit, which must be filed each year in the fall semester (covers fall, spring, summer) to the Admissions Office.

The affidavit must be filed online at <http://www.cde.ca.gov/privateschools/affidavit.html>.

**CONTINUING K-12 STUDENTS:** Submit this form to the Palomar College Admissions Office to obtain an appointment for registration. Also, complete the Authorization to Consent to Treatment of Minor form. Both forms must be turned in to Admissions before attending classes at Palomar College.

**NEW/RETURNING/TRANSFER K-12 STUDENTS:** Submit this form, the Authorization to Consent to Treatment of a Minor **AND** an application to the Palomar College Admissions Office. All forms must be turned in to Admissions before attending classes at Palomar College.

K-12 students admitted under this petition do not have special registration privileges over any other students. All students must follow the established enrollment policy and are expected to abide by the Palomar College Student Conduct Code. Admission to the College does not guarantee enrollment into a class. The final decision as to whether a non-high school graduated minor, under the age of fifteen (15), may be enrolled into a class, rests with the instructor. Instructor signature is required.

K-12 Students are responsible for paying the following fees:

- **Enrollment Fee of \$36 is waived** for high school students, under 18 years of age **taking less than 12 units per semester. Students taking 12 units or more are responsible for paying the enrollment fee for all units.**
- Non-Resident/Foreign Tuition\*
- Capital Outlay fee of \$4 per unit (Foreign Students)
- Health fee of \$18 during the Fall/Spring semesters, \$14 during the Summer session
- Student Center Fee of \$1 per unit to a maximum of \$10 per year is charged if the student enrolls in classes at the San Marcos campus.

\*High school students who are considered nonresidents of the State of California for educational purposes and who are registered for college credit will be subject to nonresident tuition fees. Education Code Section 68090, Title 3, Part 41, Chapter 1.



# Authorization to Consent to Treatment of Minor

(I) (We), the undersigned parent(s) or guardian of \_\_\_\_\_, a minor, do hereby authorize Palomar College Health Services or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code 112000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code § 1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code § 6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code § 6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code § 1283.

These authorizations shall remain effective until \_\_\_\_\_, 20\_\_\_\_, unless sooner revoked in writing delivered to said agent(s).

**Palomar ID#:** \_\_\_\_\_ **Student's SSN#:** \_\_\_\_\_

**Student's Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Circle One: Spring Summer Fall Year:** \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_