



Course Approval AND Parental Consent and Waiver for Dual Credit/ Exceptional Admission Students Age 17 or Younger

For LSC Office Use Only:

- Check the Dual Credit High School (DCHS) Dual Credit College Academy (DCCA) EA (Exceptional Admit)
 Appropriate Dual Credit Home School (DCHMS) Dual Credit College Academy Early College High School (EAEC) EAACL (Exceptional Admit – Accelerated)
 Program:

| | |
|---|--|
| Type or Print | Name of Student: _____ LSC ID# _____ DOB: __/__/____ |
| | Current School: _____ Current Grade _____ Level: _____ HS ID# _____ HS Graduation Date (MM/YYYY): ____/____ |
| | I understand that if I am admitted under this program, that a college level standard of conduct is required. It is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSC, and standards set forth in the course syllabus. I understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school. |
| Student Signature _____ () _____ Daytime Phone Number _____ | |

To be Completed by Parent or Legal Guardian

I, _____, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named student to enroll in classes at LSC.

- I acknowledge that Student’s use of the facilities may expose Student to hazards or risks that may result in Student’s illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. In consideration of Student being permitted to participate in courses at LSC and use the LSC facilities (“facilities”), I, on behalf of myself and Student, hereby waive rights to sue, assume all risks and release the College, its trustees, and employees from all claims for injury, illness, death, property damage, or other loss arising from Student’s participation in courses or use of the facilities.
- I understand the student will be responsible for any charges remaining on his/her account not covered by any applicable waivers and is subject to LSC’s Student Financial Responsibility Agreement: [www.lonestar.edu/departments/financetreasury/LSCS Financial Responsibility Agreement.pdf](http://www.lonestar.edu/departments/financetreasury/LSCS_Financial_Responsibility_Agreement.pdf)
- I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs.
- I understand that once the student is registered in a college course, he/she controls access to his or her educational records under the Family Educational Rights and Privacy Act (FERPA) and—unless an exception applies—I may not have access to my student’s records without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- I understand that students who receive a D or F in a dual credit course are not permitted to continue in the dual credit program.
- I understand that if my child is aged 15 years or younger, I hereby assure that I (parent, legal guardian, or authorized responsible adult) will be available on the college campus (but not in the student’s classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.
- For College Credit Only: I understand the high school is not required to count the college course towards high school graduation requirements. I understand the student cannot register for a college credit only course conflicting with the class schedule at the high school.

My signature below acknowledges that I have read and understand the policies above.

Parent / Guardian Signature

Date

To be Approved by High School Principal or Designee

| College Course Selections | | | | Select Appropriate Term | | | LSC Registration Note: Enter "Action Reason" Code DC EACC | |
|---------------------------|---------|-----------|-----------|---|-------------------------------|---------------------------------|--|--------------------------|
| Class # | Subject | Catalog # | Section # | Year 20 ____ | Year 20 ____ | Year 20 ____ | Dual Credit | College Credit Only |
| | | | | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> | <input type="checkbox"/> |

- Official Test Scores are required for Dual Credit registration at Lone Star College and have been attached to this form.

High School Principal or Designee Signature

Date

For LSC Office Use Only

| Term: Summer | Year: 20 ____ | Term: Fall | Year: 20 ____ | Term: Spring | Year: 20 ____ |
|--------------------------------|---------------|--------------------------------|---------------|--------------------------------|---------------|
| Total Hrs Enrolled: _____ | | Total Hrs Enrolled: _____ | | Total Hrs Enrolled: _____ | |
| Hrs Eligible for Waiver: _____ | | Hrs Eligible for Waiver: _____ | | Hrs Eligible for Waiver: _____ | |
| Initial: _____ Date: _____ | | Initial: _____ Date: _____ | | Initial: _____ Date: _____ | |



Dual Credit/Early College TSIA2 Referral

Photo ID and LSCS Student ID number required.

| Student Information (please print) | |
|---|--|
| Last Name | |
| First Name | |
| LSCS Student ID Number | |
| Supplemental ID Aldine & Spring Students only | |

| Advisor Information (Print) | |
|-----------------------------|--|
| Advisor | |
| Date Approved | |

| Disability Services (Print) | |
|-----------------------------|--|
| Advisor | |
| Approved Accommodations: | |
| Date Approved | |

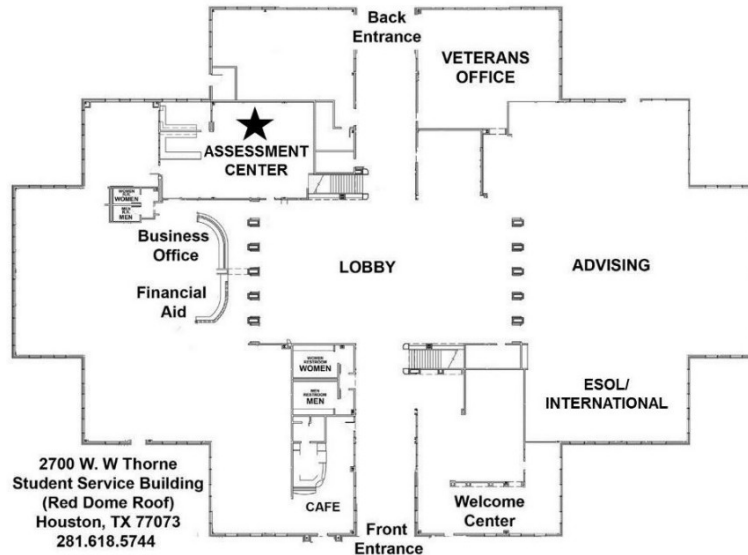
| Test Sections <i>*Allow 3-6 hours for testing*</i> | Test Attempt | | Test Information |
|---|--------------------------|--------------------------|--|
| | Initial | Retest | |
| All Parts \$29 | <input type="checkbox"/> | <input type="checkbox"/> | Must complete PAA at https://www.tsipreview.com / welcome/lone-star-college-system |
| ELAR <i>only</i> \$20 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Math <i>only</i> \$10 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Essay <i>only</i> \$10 <i>retest</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ELAR multiple choice <i>only</i> (retest) \$10 | <input type="checkbox"/> | <input type="checkbox"/> | Must have already taken full TSIA2 ELAR |
| Advanced Math Placement \$10 | <input type="checkbox"/> | <input type="checkbox"/> | For placement into: Math 1316, 1325, 1350, 1351, 2412, and 2413 |

| | |
|---|--------------------------|
| Signature below indicates the exam fee has been paid (attach receipt) | |
| _____ (Signature of Business Office Designee) | |
| Receipt #: _____ | Total Amount Paid: _____ |



TSI-A 2 TESTING REFERRAL

Lone Star College-North Harris



Payment Information: Please make payment at the business counter **FIRST** then proceed to the Assessment Center. There are **no refunds** for any placement testing.

ALLOW 2-4 HOURS WHEN TAKING THE ENTIRE EXAM
PHOTO ID REQUIRED
NO APPOINTMENT REQUIRED

No test administered one hour prior to closing

LoneStar.edu/testing-nharris

| Hours of Operation | | | | | | |
|--------------------|--------------------|---------------|--------------------|---------------|---------------------|---------------|
| | BUSINESS OFFICE | | ASSESSMENT CENTER | | ADMISSIONS/ADVISING | |
| | Fall/Spring Hours* | Summer Hours* | Fall/Spring Hours* | Summer Hours* | Fall/Spring Hours* | Summer Hours* |
| Monday-Thursday | 8am-6pm | 7:30am-6pm | 8am-7pm | 8am-7pm | 8am-7pm | 8am-7pm |
| Friday | 8am-4:30pm | 9am-2pm | 8am-4pm | 9am-2pm | 8am-4:30pm | 9am-2pm |
| Saturday | CLOSED | CLOSED | 9am-1pm | 9am-2pm | 9am-1pm | 9am-2pm |

Call or visit website for summer and holiday hours. Hours are subject to change.



NOTE: If you require special accommodations for your test, you must **first** meet with a disability advisor for approval. Please be prepared to provide documentation regarding your disability.

Location:
North Harris Campus,
Winship Building, RM 120
Office Phone: (281) 765-7940



AUTHORIZATION TO RELEASE EDUCATION RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, _____, hereby voluntarily authorize officials at Lone Star
College (LSC) to disclose personally identifiable information from my education records.

[Print Name of Student]

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- | | |
|---|---|
| <input type="checkbox"/> Grades/Transcripts | <input type="checkbox"/> Photos |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Academic Records |
| <input type="checkbox"/> Disciplinary | <input type="checkbox"/> All College Records |
| <input type="checkbox"/> Scholarship and/or Honors | |
| <input type="checkbox"/> Other (Please Specify) _____ | |

This information may be released to:

[Print Full Name(s) of Individual(s) To Whom LSC May Disclose Information]

for the purpose of informing:

- | | |
|---|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Employer/Prospective Employer |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Public or Media of Scholarship, Honor or Award |
| <input type="checkbox"/> Other (Please Specify) _____ | |

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Signature

Date

Student ID Number

LSC-CyFair
Student Services
281-290-3200

LSC-Kingwood
Student Services
281-312-1613

LSC- Montgomery
Student Services
936-273-7326

LSC- North Harris
Student Services
281-618-5481

LSC- Tomball
Student Services
281-351-3310

LSC- University Park
Student Services
281-401-5370

Note: Modification of this Form requires approval of OGC

**AGREEMENT
REGARDING MINOR STUDENT ON CAMPUS**

I, _____, (the "Student") want to attend classes at Lone Star College (the "College"). I shall comply with the College's Policies and the Chancellor's Procedures. I acknowledge that I will be deemed an adult for the purposes of the College's Policies, Chancellor's Procedures, college-grading standards, and adherence to course syllabus rigor. I acknowledge that being a minor shall not excuse my conduct at any time.

Student Signature Date: _____

Parent/Guardian Portion:

I, _____, (the "Guardian") hereby certify that I am the legal guardian of the above-named Student. I acknowledge reading and understanding the statements Student signed above. I hereby grant my consent for Student to enroll in classes at the College. I also hereby grant consent for the College President, Chief Operating Officer, or Chancellor ("College Authorized") to waive Section II.D.2.04 for student ("Requirements for Minors on College Premises").

I acknowledge the College has no obligation to waive Section II.D.2.04 for Student. I further acknowledge that the College may at its discretion—through one of the above-named officers—decide to withdraw this waiver at any time. I acknowledge that if the College should withdraw this waiver, then Guardian and Student shall promptly comply with Section II.D.2.04 of the Lone Star College District Policy Manual. I acknowledge that neither I nor student have an entitlement under College Policy or Chancellor's Procedures to this waiver. I acknowledge that this waiver is not only for a College program, class, or event, but also includes: computer labs (e.g., for tests), science labs, physical fitness facilities, storage rooms, equipment rooms, outdoor water features, or outdoor athletic facilities.

I shall be available in case of an emergency involving the Student. I acknowledge that the College will use reasonable efforts in responding to issues regarding Student. I further acknowledge that the College shall not be expected to provide any heightened oversight measures for Student's benefit while on the College's property, in a program, class, or event.

I, on behalf of Student, hereby assume all risks of injury, illness, death, or other loss arising from Student's participation in programs, classes, events, or presence on the College's property. I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

On behalf of myself, Student, family, heirs, and personal representative(s), I hereby release the College, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, Student, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Student's property and for any and all illness or injury to student, including death, that may result from or occur during participation or use of the facilities. I shall indemnify Releasees from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional act or omission while participating or using the facilities.

I acknowledge this Release shall be under the laws of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, then I shall be bound by the balance of the remaining agreement.

Guardian Signature: _____ Date: _____

College Authorized Signature: _____ Date: _____