OZARKS TECHNICAL COMMUNITY COLLEGE Dual Credit Class Registration and Parent Consent Form

STOP: Please complete the online OTC application before typing in your information below, printing for signatures, and submitting this form.

	Legal First Name	Middle Initial	Birthdate		
ber or OTC ID	1	Name of High School	Graduation Y	ear	
SS		Parent Email Address			
registration:	Spring Fall				
Class Number	Class Section	Class Title	Credit Hours	Seated C	Online
ented IEP?		itty Support records.			
	Print	/ Sign	[Date	
s of student bo ct matter(s) ar edited and ha cies. ot covered by re processed o to 35% colle from classes.	ehavior and performance a e more complex and matu s transfer agreements with the High School District is through student's online Q ction charges and will be r , students must complete t	are held to a higher standard than in high s ire in nature than high school class content in other colleges. Students are responsible s the student's and parent/legal guardian's QuikPay accounts. OTC does not mail tuitio reported to appropriate collection agencies the Student Services <i>Official Withdrawal fre</i>	school settings. t. for consulting with other colle responsibility. on bills. All delinquent accoun- and the Missouri Departmen om All College Classes form.	t balances will t of Revenue.	
	registration: Class Number I consent to th ny informatior cademic stand tification has Behavioral In ented IEP?	registration: Spring Fall Class Class Number Section I consent to the disclosure of educational ny information contained in my educatio cademic standing, payment information, ntification has been verified. Written, print Behavioral Intervention Team or Disabilented IEP? Print Print Print an Consent Print formation and hereby grant permission f s of student behavior and performance a ct matter(s) are more complex and matu edited and has transfer agreements with cies. ot oxered by the High School District is re processed through student's online Q to 35% collection charges and will be r	ber or OTC ID Name of High School ss Parent Email Address REGISTRATION registration: Spring Fall Year: Class Class Number Section Class Title Class Title Class Title Class Title Class Tit	ber or OTC ID Name of High School Graduation Y ss Parent Email Address registration: Spring Fall Year: Class Class Credit Hours Number Section Class Title Hours Number Section Class Title Hours Iconsent to the disclosure of educational records between OTC and the High School District as well as with the ny information contained in my educational, academic, and student financial records held by OTC. This include cademic standing, payment information, and collections. Verbal access only will be granted to the following inditification has been verified. Written, printed or photocopied materials will not be provided. This release does no Behavioral Intervention Team or Disability Support records. ented IEP?	ber or OTC ID Name of High School Graduation Year ss Parent Email Address registration: Spring Fall Year: Class Class Class Credit Seated C Number Section Class Title Hours Seated C Number Section Class Title Hours Seated C Iconsent to the disclosure of educational records between OTC and the High School District as well as with the individual(s) in ny information contained in my educational, academic, and student financial records held by OTC. This includes but is not lim cademic standing, payment information, and collections. Verbal access only will be granted to the following individual(s) once tiffication has been verified. Written, printed or photocopied materials will not be provided. This release does not cover Counser Behavioral Intervention Team or Disability Support records. ented IEP? Vers No / Sign Information and hereby grant permission for my child (student) to enroll in the OTC Dual Credit program. s of student behavior and performance are held to a higher standard than in high school settings. ct atter(s) are more complex and mature in nature than high school class content. edited and has transfer agreements with other colleges. Students are responsible for consulting with other college institutions cisc.

Sign

Please scan and email registration form to dualcredit@otc.edu

Print

Parent/Guardian Name

Processed by and date

Date