



Spring 2021 Recommendation for Concurrent Enrollment Program

Office of Admissions and Records. 3000 Campus Hill Drive, Livermore, CA 94551. lpc-concurrent@laspositascollege.edu.

Before submitting this form, you must complete an online admission application for the term indicated on this form.

Your current official high school transcript must be included with this form.

>>To register on DEC 2, 2020 submit ALL required documents by OCTOBER 30, 2020<<

SECTION 1: STUDENT INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Application Confirmation # Required: _____

W10

Current Grade Level: ☐ 10th | ☐ 11th | ☐ 12th

LPC Student ID (W) Number (DO NOT put high school ID number or Social Security number)

Name of School: _____

School Address: _____

By signing this form, I certify that:

- I am in the 10th, 11th, or 12th grade.
- I acknowledge that I will be earning college credit for courses completed at Las Positas College.
- I will abide by the policies and enrollment conditions of the Concurrent Enrollment Program.
- I understand I will be dropped from courses not listed on my recommendation.
- I understand that after completion and approval of this form, I need to register for the approved class(es) online via CLASS-Web.
- I understand that courses listed on this recommendation are for Las Positas College only.

Student signature ☒ _____

Last Name

First Name

Middle Name

Street Address

City, State, Zip

() - / /

Phone Number

Date of Birth

Email (registration notification will be sent here)

REQUESTED COURSES

Please list all classes below that you are requesting to take. **NOTE: some classes may fill quickly. It is advised that you list alternate/backup classes.** If you are unable to get into the classes listed on this form and wish to try to enroll in other classes you did not list, you will need to resubmit another completed and signed form.

SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES	SUBJECT & NUMBER (e.g. Eng 1A)	UNITS	*PREREQUISITES
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

COURSE RESTRICTIONS:

- Concurrent Enrollment is limited to a maximum of 11 units per semester (6 units for Summer session).
- Enrollment in Kinesiology (P.E.) and basic skills courses (Eng 104 level, all ESL courses, Math 107 level) are not allowed (Ed. Code 48800).
- You may ONLY list LPC courses above. Additional courses beyond this form will require an additional, completed and signed, form.

*Many courses require the completion of prerequisite courses taken at Las Positas College or their equivalent at another institution. Consult the course description in the class schedule or college catalog for identification of prerequisites. (Title 5, Sec. 55500). To enroll in English and Math courses, you must first take the Assessment test. Subsequent English and Math courses can be taken and passed to clear higher level courses. Assessment testing schedule can be viewed here: www.laspositascollege.edu/assessmentcenter/index.php

SECTION 2: SCHOOL PRINCIPAL or DESIGNEE (TO BE COMPLETED BY SCHOOL PRINCIPAL or DESIGNEE ONLY)

AUTHORIZED SCHOOL OFFICIALS (Signatures are required every term. Initials or rubber stamps NOT acceptable.)

- As per Ed. Code 76001, the high school Principal or Designee of the school certifies, by signing this form, that no more than 5 percent of the total number of students per grade level shall be recommended for Concurrent Enrollment at Las Positas College.
- I certify that the above recommended _____ # of units are based on the student's ability to benefit from "advanced scholastic or vocational work."
- I certify that I am the school Principal / Designee, and authorized to sign this form.

Principal or Designee (Print Name) ☒ _____ Phone: _____

Principal or Designee (Signature) ☒ _____ Date: _____



Student's Name: _____ LPC Student ID #: _____

➤ SECTION 3: PARENT or GUARDIAN AUTHORIZATION FOR MINORS (TO BE COMPLETED BY PARENT or GUARDIAN ONLY)

Parent / Guardian (Print Name): _____

Relationship to minor student: _____

Parent / Guardian phone: _____

By signing this form

- I acknowledge my child's participation in Las Positas College's Concurrent Enrollment Program.
- I certify that the school Principal or Designee named above is my child's school / district authorized representative.
- I hereby give permission to release my child's high school transcript to Las Positas College.
- I hereby give permission to my minor child to use the services provided at the Student Health Center.
(NOTE: The Student Health Center providers are bound by confidentiality even though they are treating minors)
- As the parent / guardian, do you know of any medical problems we should be aware of for this student?
☐ No ☐ Yes. List medical problem(s) (E.g. heart disease, allergies, mental health, etc.):

Parent/ Guardian (Signature)  _____ Date: _____

NOTE: In case of an emergency, the above parent/guardian will be contacted.

➤ SECTION 4: RELEASE OF PERSONAL INFORMATION (TO BE COMPLETED BY STUDENT ONLY)

Attention Student: The Family Rights and Privacy Act (FERPA) of 1974 prohibits the college from providing any information to any third parties (including parents, guardians, siblings, etc.) without the express written consent of the student, regardless of age. By signing this form below, you confirm that (1) you are the student, (2) you have made an indication below to withhold or release your information on record, and (3) all information provided on this form is complete and accurate.

- ☐ I **do not** authorize the release, and or review, of any and all personal information on record, my student records, and any behavior/disciplinary status.
- ☐ I authorize the release of the following information to my parent(s) or guardian(s) named below:
- ☐ Any and all personal information on record
 - ☐ Grades and attendance information only
 - ☐ Behavior/disciplinary status only

Parent/Guardian Name: _____
(Print name)

Parent/Guardian Name: _____
(Print name)

Student's Signature:  _____ Date: _____

FOR OFFICE USE ONLY

- | | |
|---|--|
| <input type="checkbox"/> HIGH SCHOOL TRANSCRIPT
VERIFY APPLICATION | <input type="checkbox"/> REG DATE <input type="checkbox"/> CE HOLD <input type="checkbox"/> HSCH <input type="checkbox"/> UNITS <input type="checkbox"/> RESTRICTION |
| <input type="checkbox"/> SAAADMS
<input type="checkbox"/> SWAAPPL | Admissions & Records Staff: _____ Date: _____ |
| <input type="checkbox"/> APPROVED
<input type="checkbox"/> DENIED | Dean of Enrollment Services: _____ Date: _____ |