

# SCHOOL DEPARTMENT AUTHORIZATION FORM

## STUDENT REGISTRATION

(To be completed by the Guidance Counselor or an Authorized Homeschool Representative)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 900# \_\_\_\_\_

Current Grade:  Freshman  Sophomore  Junior  Senior Year of Graduation: \_\_\_\_\_

SASID 10 Digit #: \_\_\_\_\_ High School G.P.A.: \_\_\_\_\_

This student is enrolled in the Career Vocational Technical Education Program:  Yes  No

Program Name: \_\_\_\_\_

This student is participating in:  Educational Talent Search  Upward Bound  STEM or  CollegeTrax

This student is a first time Dual Enrollment participant:  Yes  No

Please consider student for an Bristol income-based waiver:  Yes  No If yes:  Low Income  Non-LI

A request of a waiver does not guarantee that the student will meet the criteria. This information is used in conjunction with the financial form to determine waiver eligibility. Should the student be found eligible, one waiver will be provided for one course during the entire academic year.

\_\_\_\_\_  
Guidance Counselor or A.H.R. (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A signature attests to the accuracy of the information provided, including course(s) selection.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Waiver Requests: \_\_\_\_\_ of \_\_\_\_\_

High School Transcripts must be attached.

Courses to be Registered for:  All  In order of preference

Term:  Fall  Spring  Summer

CRN	Course	No.	Sect.	Title	Credits	Day	Time

Alternate or  Additional Course

CRN	Course	No.	Sect.	Title	Credits	Day	Time

\*\* Students should designate an alternate course because their first choice may be full or the course may be cancelled.

<b>Please Do Not Write Below This Line</b>	<b>For Office Use Only</b>
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CDEP  CollegeTrax  Self-Pay  Bristol Employee  Pell Experiment  STEM  Contract Course | Bristol Waiver:  Non-LI  LI

HS GPA: \_\_\_\_\_ BRISTOL GPA: \_\_\_\_\_

If the student does not meet the GPA, a request to waive the GPA requirement has been submitted: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature (BCC Administrator): \_\_\_\_\_ Date: \_\_\_\_\_