

# ENROLLMENT FORM



<b>Student Information</b>	Student Name: _____ <small>Last Name First Name MI</small>	<b>Grade</b>
	Home Phone: _____ Cell Phone: _____	
	Email Address: _____	
	Responsible Parent/Guardian: _____	
	SSID# _____ ASU ID # _____	
	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior  <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	

<b>School Year</b>	_____ <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2	<b>Home High School</b>	_____
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Schedule Breakdown			Class #	Course Subject & Number	# of College Credits
# of Classes at Home High School	# of Classes and Available Credits at ASU				
4	1	3.00-4.00			
3	2	6.00-7.00			
1-2	3	9.00-10.00			

For the college term above, the student will be enrolled in high school classes equaling _____ Full-time equivalent (FTE)	Student may register for a maximum of _____ college credits, without incurring college tuition costs, based on the above stated high school.
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<b>Acknowledgement</b>	Students who drop their ASU courses within the first 10 days of the semester will return to their home high school to complete required classes for graduation.
	Students who miss required weekly check ins, or who do not keep up with the required work, will be dropped from their ASU courses in the first 20 days of the semester.
	I understand that: A condition for enrollment is for the student to participate in a weekly check in with their advisor. Student Signature: _____ Date: _____
	I understand that: If the student fails a class, the parent/guardian is responsible for the \$250.00 course fee. Parent/Guardian Signature: _____ Date: _____

This student qualifies for ASU courses in Math or English by meeting one of the following: <input type="checkbox"/> SBA 3 or 4 <input type="checkbox"/> C or better in high school English <input type="checkbox"/> Teacher recommendation
Counselor Signature: _____ Date: _____ Admin Signature: _____ Date: _____