Strath Haven High School
205 S. Providence Road *610-892-3470*
Wallingford, PA 19086

Swarthmore College Course
Registration Form

APPLICATION PROCESS

- ☐ **MEETING W/SCHOOL COUNSELOR**
  Students must inform their counselor of their interest to determine if a course at Swarthmore College is appropriate. Students must research the course options and times. The Swarthmore class must fit into the existing SHHS schedule.
- ☐ **OBTAIN SHHS PERMISSIONS**
  Students obtain all the signatures required from Strath Haven faculty including their counselor, department chair and administrator in that order before going to the college.
- ☐ **OBTAIN SWARTHMORE COLLEGE PERMISSIONS**
  If approved by the high school, the student may approach the Swarthmore Professor for their permission.
- ☐ **RETURN FORMS**
  Once all forms, including the Hold Harmless Agreement and Emergency Information, are signed, they must be returned directly to the Counseling Center by the deadline printed on the Registration Form.
- ☐ The student and Mrs. Dunning will be notified by the college once they are approved and registered for the class.

Scheduling notes: Keep in mind the differences in scheduling between the two schools. The college does not change its schedule for snow days and has a different spring break schedule. Classes typically begin before Labor Day. Additionally, midterm exams and final exams may be scheduled at times that may conflict with SHHS classes or activities. Students are responsible to resolve any conflicts to meet the requirements of the Swarthmore course and their Strath Haven class.

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PART 1: Fill out the information below, and schedule a meeting with your school counselor.

STUDENT NAME		GRAD YEAR
DATE	EMAIL	DOB
COURSE NUMBER	SUBJECT	SEC
COURSE TITLE	PROFESSOR'S NAME	
DAY(S)/TIME		SEMESTER

MODE OF AUTHORIZED TRANSPORTATION
LOCATION FOR NON-COLLEGE DAYS

SHHS COURSE TO BE DROPPED (After all signatures have been attained and course has been approved)

COURSE	**BLOCK**	**SEMESTER**

NOTE: SWARTHMORE COLLEGE COURSE MUST FIT INTO STUDENT'S STRATH HAVEN HIGH SCHOOL SCHEDULE.
STUDENTS ARE NOT PERMITTED TO MISS SHHS CLASS TO ATTEND SWARTHMORE COLLEGE COURSES.

PART 2: After meeting with school counselor, obtain the following permissions.

DATE OF MEETING	**IN-PERSON MEETING WITH SCHOOL COUNSELOR:** Discuss scheduling implications for student, process to attain permission from colleges (if needed), Silver Guide requirements pertaining to course, other requirements as stipulated in Silver Guide.	COUNS. INITIAL
	COLLEGE/UNIVERSITY PERMISSION REQUIRED FOR CHANGE? Y / N *PERMISSION MUST BE ACQUIRED PRIOR TO COURSE APPROVAL OR SCHEDULE CHANGE.	COUNS. INITIAL
DATE OF DISCUSSION	**CONSULT WITH SHHS DEPARTMENT CHAIR** Ensure student has permission from department to take Swarthmore College course and that the course is appropriate for the student's academic program.	CHAIR INITIAL

SCHOOL COUNSELOR	DATE
SHHS DEPT CHAIR	DATE
SHHS ADMINISTRATOR	DATE

SIGNATURE OF ADMINISTRATOR MAY ONLY BE OBTAINED AFTER THE SHHS AND SWARTHMORE COLLEGE PERMISSIONS.

⇨**PART 3:** Once completed, this form should be submitted to the **Counseling Office**. See guidelines on reverse of form.

Student schedule **will not** be changed in PowerSchool until the course is approved by all parties, including SHHS staff, SC staff, and Student / Guardian.

INTERNAL USE ONLY:

Form Received Date _____

_____ Course added to student schedule.

_____ SHHS course dropped.

TERMS AND PERMISSIONS

- Juniors and seniors may only take classes not available at SHHS or beyond the level we currently offer for courses completed here. Students must also complete the full sequence of courses in any discipline before requesting a course at the college.
- Students must be exceptionally well prepared and committed to working at the college level, which requires more effort than honors or AP classes. Students are required to have a 3.75 GPA overall and in the academic area of interest and a 95% attendance rate. Taking courses at Swarthmore College depends on the approval of the professor teaching the course and the registrar's office, either of which can say "no" for any reason. Space limitations, priority for Swarthmore degree candidates, and so on, are normal reasons for high school students to be denied permission.
- The College can revoke permission at any time for Administrative reasons.
- Students are technically considered "visitors" at the college and will not receive college credit. Students will receive high school credit and letter grades on the high school transcript. The final grade will be sent from the professor to the college registrar and then sent to the high school by the Swarthmore College Registrar's Office. Pass/fail is not a grade option.
- Students are responsible to provide their own transportation and any materials necessary for the Swarthmore College course.
- Parking at Swarthmore College is restricted to the Water Tower Parking Lot; Students must obtain a parking permit from the Swarthmore College Dept. of Public Safety prior to the first day of classes. Make, model and plate # will be required. Violators will be ticketed.
- High School students are prohibited from entering any Swarthmore College residence hall except on an admissions campus tour led by an admissions campus tour guide.
- Students with a well-documented disability and a history of accommodations who wish to apply for academic adjustments at Swarthmore College must present their documentation to the Swarthmore College Office of Student Disability Services for review *no later than* the first week of classes. Presentation of documentation does not guarantee accommodation.
- Students must complete this form, obtain all signatures, and return it to Mrs. Dunning for final approval.
- In order to participate, the high school student and student's parent/guardian must complete and sign the college's Hold Harmless Release and show proof of independent personal insurance coverage for the student. No participant is allowed on campus until he or she has completed and turned in the Hold Harmless Release and had the form approved by the Registrar's Office.

Signatures below certify that you understand and agree to all stipulations above:

STUDENT	DATE
GUARDIAN	DATE
SWARTHMORE COLLEGE FACULTY*	DATE

*Faculty teaching students age 17 or younger must complete background clearances, which include a Pennsylvania State Criminal record Check, a Pennsylvania Child Abuse History Clearance and an FBI Criminal Background Check. The application deadline is determined by the length of time required for clearance. If the student is taking a course in which the faculty have current clearances and will be in touch with any approving faculty to begin the process of obtaining clearance if an active record does not exist.

COLLEGE REGISTRAR	DATE

Note: A copy of the completed form, emergency contact form and the Hold Harmless Agreement will be emailed to the registrar's office at the college after they are handed to Mrs. Dunning. Upon registration approval, the Swarthmore College Registrar's Office will return this form to SHHS with the college registrar's signature.

You are *NOT* enrolled until you have received confirmation from Swarthmore Registrar's office.

Registrar Office Use Only:

Acknowledgment Email to Student (CC SHHS) _____ HR Approval _____

Age of Student *if under 18, email instructor* _____ Student Registration _____

SWARTHMORE COLLEGE - ASSUMPTION OF RISK / RELEASE OF LIABILITY

Name of Participant: _____

Party Released: Swarthmore College, its affiliates, agents and employees including board of managers, directors and officers, administration, faculty and staff.

Release: I release and give up all claims, including claims for negligence, I now have or may have in the future against the Party Released arising out of my participation in the following activity:

Class(es) Attending:_____ to take place during

Fall semester_____ (please indicate year, yyyy) Spring semester_____ (please indicate year, yyyy)

I also understand that the activity set forth above is undertaken by me on a completely volunteer basis. I make this decision by choice and my participation in this activity is undertaken knowing that risk may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. I voluntarily assume the risk of these dangers by choosing to participate in the activity. I understand that Swarthmore College does not assume any risk or liability due to my participation in this activity. I understand this Release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This Release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released.

I certify that I am covered by an independent health insurance policy.
Insurance Policy # / Carrier _____

Acknowledgement of Assumption of Risk/Release of Liability 18 years and older:
I certify that my date of birth is _____ (month/day/year), that my present age is _____, and that I am therefore of a lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I have carefully read and fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

_____	_____	_____
Signature of Participant	Participant's Name (printed clearly)	Date
_____	_____	_____
Signature of Witness	Witness's Name (printed clearly)	Date

Parental or Guardian's Acknowledgement of Assumption of Risk/Release of Liability for Minors:
I certify that the named child's date of birth is _____ (month/day/year) and is _____ years of age. I further certify that I am the parent or legal guardian of the named child and that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I certify that I, together with the named child, have carefully read and both fully understand this Assumption of Risk/Release of Liability Form, and agree to its terms in all respects. I understand that the terms of this agreement are legally binding.

_____	_____	_____
Signature of Minor's Name	Minor's Name (printed clearly)	Date
_____	_____	_____
Signature of Parent/Guardian	Parent/Guardian's Name (printed clearly)	Date
_____	_____	_____
Signature of Witness	Witness's Name (printed clearly)	Date

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Emergency Information: No medications will be given and there is no health care on Swarthmore's campus available to a minor. In the event of an emergency, 911 emergency services will be called.

Please provide three additional emergency contacts below.

Emergency Contact Name	Contact Phone Number	Relationship to student

My signature below acknowledges that I understand and accept the statements above:

_____ _____

Parent/Guardian Signature Date