



Concurrent/Dual Credit Class Registration and Parent Consent Form

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

Legal Last Name _____ Legal First Name _____ Middle Initial _____ Birthdate _____

Social Security Number _____ Allen ID Number _____ Name of High School _____ Graduation Date (MM/YY) _____

Student Email Address _____ Counselor Email Address _____

Shirt Size _____

REGISTRATION

Semester and year of registration: Fall Spring Year: _____

Course Number	Section	High School Class Code (If applicable)	Course Name	Credit Hours

FERPA Disclosure

I hereby authorize and consent to the disclosure of educational records between Allen and the High School District as well as with the parent/guardian identified below. This includes any information contained in my educational, academic, and student financial records held by Allen. This includes but is not limited to grades, registration, academic standing, payment information, and collections. Verbal access only will be granted to the following individual(s) once appropriate identification has been verified. Written, printed or photocopied materials will not be provided. This release does not cover Counseling Services, Disciplinary, Behavioral Intervention Team or Disability Support records.

Student Name _____ / _____ Date _____
Print Sign

Parent/Legal Guardian Consent

I have reviewed the information and I'm aware that for my child (student):

- Expectations of student behavior and performance are held to a higher standard than in high school settings.
- Class subject matter(s) are more complex and mature in nature than high school class content.
- Allen is accredited and has transfer agreements with other colleges. Students are responsible for consulting with other college institutions about transfer policies.
- All billing is the student's and parent/legal guardian's responsibility.
- Payments are processed through student's online MyAllen portal, calling the business office, or mailing payment to the business office.
- Payment must be made in full or have a payment plan set up before the published deadline.
- If students are withdrawn from class(es) by the 100% refund deadline, full refunds are processed for paid amounts only. If students withdraw after 100% refund deadline, refunds will follow the percentage deadlines in the academic calendar.
- To withdraw from classes, students must contact the Office of Admissions at admissions@allenc.edu.

Parent/Guardian Name _____ / _____ Date _____
Print Sign

Principal/Counselor Name _____ / _____ Date _____
Sign

Print

Please scan and email registration form to Lauren Moots via email at moots@allenc.edu