Jill VanderVeer..... Principal
Trina Gilday..... Associate Principal
Rob Jones..... Associate Principal
Christine McMillan... Associate Principal
Stacy Mehlberg..... Associate Principal

**Redmond High School**
17272 NE 104th Street • Redmond, WA 98052
Office: (425) 936-1800 • Fax: (425) 861-7574

# Running Start Student Success Agreement

**Graduation Requirements**
I understand I am responsible for tracking and completing my high school graduation requirements by June of my Senior year. This includes registering for classes that meet graduation requirements, developing a High School and Beyond Plan, and completing a graduation pathway.

**Information Sessions**
I attended a college information session and completed all requirements on the Running Start Checklist. I have reviewed the RHS Running Start information on the RHS website with my parents/guardians.

**FERPA**
I understand that under The Family Educational Rights and Privacy Act, college instructors and staff cannot communicate with anyone but the student. All students taking college classes are considered adults under FERPA.

**Registration**
I understand I am responsible for knowing registration dates and deadlines at the college and will follow the college's procedures each quarter.

**Communication**
I understand I am required to keep my LWSD email account active and will check it regularly. I am responsible for finding pertinent information about RHS activities.

**College Credits**
I understand I will work with my college advisor for questions about my college transcript, college academic/degree planning and transferability of credits/transferring. I understand I am creating a permanent college transcript.

**Student Athletes**
Student athletes participating in Running Start must meet the WIAA requirements for enrollment and academic standing to qualify for participation on LWSD teams. Athletes are also responsible for determining NCAA eligibility for any Running Start classes.

**RSEVF**
I will complete and submit an electronic copy of the RSEVF for each quarter to my high school counselor. I understand the form must include the classes for which I am registering and all student and parent/guardian fields must be completed before sending.

**By signing below, you are verifying that you have read and understand the above information.**

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**For part-time students only:**

Please list classes you would like to request at RHS: _____

_____

Preference for classes at RHS (circle one): ☐ **MORNING** ☐ **AFTERNOON**