

## High School Contract Form

**PLEASE READ CAREFULLY BEFORE PROCEEDING**

<ul style="list-style-type: none"> <li>Gavilan College allows high school students whose cumulative grade point average is at least 2.00 to enroll in advanced (transfer level courses numbered 1-99), vocational, and kinesiology courses during the Fall and Spring semesters. High school students (grade 9 – 12) may enroll for non-transferable courses (numbered 1-499) only during the summer session.</li> <li>A Gavilan application, assessment test scores and current transcripts from the student’s school are required before this form can be reviewed by a Gavilan counselor.</li> </ul>	<ul style="list-style-type: none"> <li>Students may enroll for a maximum of six (6) units for Fall and Spring semester, five (5) units for Summer.</li> <li>All course prerequisites are applicable.</li> <li>All credit earned at Gavilan College is “college” credit.</li> <li>A transcript of work completed at Gavilan will be sent to the recommending school at the end of the semester.</li> <li>High school contract students pay the per unit fee and provide their own texts and instructional supplies.</li> <li>All students shall conform to the college’s academic rules, regulations, and codes of conduct.</li> </ul>
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Student’s Name \_\_\_\_\_ Gav ID# \_\_\_\_\_  
Last First M.I.

Mailing Address \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Semester for which student is applying:     Fall     Spring     Summer    20\_\_\_\_\_

**• The Student’s School Counselor/Designated School Official Recommends These Courses •**

Specify recommended courses and units (Enrollment limited to courses numbered 1-99 except during the summer)

\_\_\_\_\_

\_\_\_\_\_

**• Recommendations (Parent/Guardian, High School Official and Gavilan Counselor) •**

1. **Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

In an emergency, contact \_\_\_\_\_  
Name Phone Number

2. **Name and Address of School** \_\_\_\_\_

3. **Name and Signature of High School Principal**

Principal’s signature acknowledges that no more than 5% of his/her high school is attending Gavilan College (Ed Code 76000.3i)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name (Please Print) Signature Phone number Date

4. **Name and Signature of Recommending School Official**

\_\_\_\_\_ \_\_\_\_\_  
Name (Please Print) Signature Date

The recommendation of the school official signifies that the student is in good standing at his/her school, has a cumulative grade point average of at least 2.00, is eligible for continued enrollment, and has the ability and maturity to benefit from college-level instruction. **A current transcript of the student’s coursework must accompany this form.**

4a. Provide proof of District “Home School” verification number \_\_\_\_\_

5. The signature of the Gavilan Counselor verifies the following:

- The placement assessment was completed on \_\_\_\_\_
- English score: \_\_\_\_\_ Math Score: \_\_\_\_\_ DRC exemption? \_\_\_\_\_
- The recommended course is a transferable level (summer term exempted). See above for list
- A current transcript from the student’s school is attached and the student is in good standing
- The cumulative high school grade point average is \_\_\_\_\_ (2.0 minimum required)

**Gavilan College Counselor** \_\_\_\_\_ **Date** \_\_\_\_\_