



Admissions & Records
5055 Santa Teresa Blvd.
Gilroy, CA 95020

COLLEGE AND CAREER ACCESS PATHWAY ENROLLMENT FORM

The student named below is recommended as a special part-time CCAP community college student to undertake course(s) of instruction offered at the community college level. The goal of this recommendation is to expand dual enrollment opportunities and develop seamless pathways from high school, including continuation high school and charter school to community college for career technical education or preparation for transfer, improve high school graduation rates, or help high school pupils achieve college and career readiness.

General Information – Please read carefully

- The course content is not altered and is intended for adults
- The student is treated as an adult, and is expected to act in a mature manner in the classroom
- Grades earned are entered onto the student's permanent college transcripts
- Parents must communicate with their student regarding academic progress and not with the instructor or other college personnel
- Students should enroll in college-level coursework
- Students can enroll up to a maximum of 15 units per term
- A high school student enrolled in a course offered through a CCAP partnership shall not be assessed any fee that is prohibited by Section 49011
- Parent/Guardian and Principal/Designee signature will allow permission throughout the student's participation in the CCAP partnership.

PART A: TO BE COMPLETED BY STUDENT

Fall Spring 20_____

High School Name: _____ Gavilan ID # _____

Student Name: _____ Date of Birth: _____
Last First M.I. MM DD YYYY

Student Email: _____ Phone: _____

Current Grade Level: _____ High School Graduation Year: _____

STUDENT IS PERMITTED TO REGISTER IN THE FOLLOWING COURSES (UP TO 15 UNITS PER TERM)

Signature of Student: _____ Date _____

I certify that I have read and understand the listed responsibilities and expectations for a minor attending Gavilan College and approve enrollment in the courses listed on this form:

PART B: TO BE COMPLETED BY PARENT/GUARDIAN

Parents
Initials

As the parent/guardian of the above-named student, I authorize enrollment into the Gavilan College CCAP courses and understand that in accordance with FERPA regulations, information may NOT be released to the parent without written permissions from the student. For additional information regarding concurrently enrolled students, please refer to Gavilan Administrative Procedure AP 5011.

Parent/Guardian signature will allow permission throughout the student's participation in the CCAP partnership.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The following parent/guardian named above is authorized to the information below. (A valid photo ID must be presented before information will be released)

Students
Initials

All Academic Records (transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records)

Student Signature: _____

PART C: TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL OR DESIGNEE

I verify this student is eligible to enroll in a College Career Access Pathway course(s) and is recommended for admission to Gavilan College.

High School Principal Designee Name: _____

High School Principal/ Designee Signature: _____ Date: _____

High School Principal/ Designee Email: _____

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The following High School Principal/ Designee named above is authorized to the information below.

All Academic Records (transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records)

Student
Initials

Student Signature: _____