

WNC JUMP START APPLICATION/ HIGH SCHOOL AUTHORIZATION FORM

High School Name:			_ Anticipated Graduation Da	ate:
WNC Student ID Number:	Ema	il Address:		
Last Name:		First Name: _		MI:
Daytime Phone:	Birth date	:		
Semester/Year of Application:	Grade level:	☐ Senior	☐ Junior	
Acknowledgements: Students/Parents must reimburse the high s Students are responsible for attending all co and are expected to be responsible, mature to attend all high school and JumpStart Colle and follow deadlines according to the WNC	Illege class meetings and must ma and self-motivated. Students may ege classes and all meetings asso	aintain current be exposed to ciated with the	contact information in myWI o adult material, subject mat e JumpStart college entrance	NC. Students are given more freedom ter, and language. Students are required
Student's Right to Fail: Students and parents acknowledge that if str counselor immediately if they're not doing we				
Western Nevada College Jump Start College maintains a "Guided Pathways to Success" Program to review student progress and monitor those who have difficulties while attending WNC. The first priority is to provide assistance; however, students may not be allowed to continue in the program if, despite help, they earn any grade of D or F, or demonstrate behavior or attendance problems in college classes.				
Authorization to Release Records In accordance with the Family Educational R non-directory information from a student's echave written permission from his/her parent/enrollment, all information in my educational attendance, grades, GPA, and transcripts nehigh school and WNC. As a student, I furthe parent/guardian.	ducation records without the writte guardian. I give permission for WI records, including but not limited ecessary or desirable for the unde	en consent of the NC and my high to test results, rsigned studer	ne student. Students under a ph school to disclose, each to college placement test resunt's participation in the Jump	age 18 in the Jump Start program must o the other, for the purpose of dual ults, class schedule information, Start College Program offered by my
Jump Start students are required to complete	e this form at the start of their Jun	np Start progra	nm. This form will remain val	id throughout their high school career.
This form requires the signature of student, µ understand WNC policies, dates and deadlir				erifies that you have reviewed and
☐ I/We have read the above acknowledgements and agree with all statements.*				
Student Signature:				
Signature:			_ Date:	
Parent or Legal Guardian: I understand that the school and school district listed above.	at by signing this authorization, I	waive my mino	or child's rights of nondisclos	ure of these records under federal law to
Signature:	Pri	nt Name:		Date:
Counselor or High School Official: By si school. You give approval for the above study			is currently registered and	in good academic standing at your high
Signature:		Date	:	
Print Name:				
For office use only				
Date processed:	Semester:		_ Initials:	Revised: 1/30/18