



# Special Admit Authorization Request

Registration Request for Term:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

## STUDENT INFORMATION

NAME (Please Print) Last First Middle @ Student ID# Date of Birth

Address Unit # City Zip Code

## Student Acknowledgement

I understand that participating in this special enrollment program provides me with an opportunity to enroll in a NOCE course and to access programs and services available to all NOCE students. I further understand that I am responsible for knowing and following all school policies and procedures related to performance and student behavior as delineated on our District Website Board Policy (BP 5500) section.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason/Justification for Request? \_\_\_\_\_

## Approval of Parent or Legal Guardian

I have reviewed the above and give my consent for my son/daughter named above to participate as a Special Admit Student at North Orange Continuing Education as indicated. I understand that I need to provide my son/daughter with a consent form for medical treatment. I understand that according to state (ED49061) and federal (FERPA) regulations, parents of a continuing education student do not have a right to access their child's student records, regardless of whether the student is under the age of 18. In accordance with this regulation, the student's records will be released to parents only with the written consent of the student. **Please complete the medical release/waiver on the back of this form.**

**INCOMPLETE FORMS WILL NOT BE ACCEPTED.** If permission to enroll is granted, the minor student may enroll only after the regular registration period so that priority is given to adult students.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Course Reference Number (CRN)	Course Title	Instructor	Campus

Is minor student currently enrolled in a public or private school?  YES (Complete Section B below)  NO

## SECTION B (This section is only required for those currently enrolled in K-12.)

### To be completed by Principal or Designee

This pupil would benefit from coursework offered through North Orange Continuing Education.

Indicate student grade level  11th  12th Other \_\_\_\_\_ Expected date of HS Graduation \_\_\_\_\_

Principal/Designee Name (Please Print): \_\_\_\_\_ Designee Title: \_\_\_\_\_

Principal/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:  APPROVED  DENIED \_\_\_\_\_ (Reason for denial)

Dean or Designee Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Student notified of decision by: \_\_\_\_\_ Date: \_\_\_\_\_ SFAREGS program updated to 3SPADMIT by: \_\_\_\_\_ Date \_\_\_\_\_

Enrolled by: \_\_\_\_\_ Date \_\_\_\_\_ (RETURN SIGNED FORM TO WILSHIRE RECORDS COORDINATOR) May 2024

## Emergency Medical Release/Waiver

**This section to be completed by parent/guardian**

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Street City Zip

Parent / Guardian with Whom Student Lives \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Alternate Contact's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

In the event emergency personnel must be called are there any medical/health conditions they should be aware of?  Yes  No

If yes, describe the condition \_\_\_\_\_

Student's Physician Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Does your child take any medication regularly?  Yes  No

If yes, describe the condition \_\_\_\_\_

In the event of illness or injury and school personnel are unable to contact parent/guardian and/or family physician, I hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment or hospital care and transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist. I further acknowledge that the District/School does not provide medical coverage for my child.

**Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

NOCE classes are open to those 18 years or older who have been admitted to NOCE and are not attending school. Students under 18 who have not graduated from high school may be permitted to attend under special circumstances. If permission to enroll is granted, the minor student may enroll only after the regular registration period so that priority is given to adult students. Children of any age may take Kids' College and Teen Program classes as indicated in the course schedule. (Completion of this form is not required.)

Questions? Contact the Wilshire Records Office at 714.992.9500