

DRAFT



Lane Community College
HIGH SCHOOL PARTNERSHIP REFERRAL

Date: _____

- Career Pathways (AKA RTEC)
Expanded Option Referral
Other Referral

Please print or type. Legibility is important.

Name: _____ Date of Birth: _____
First MI Last MM/DD/YYYY

Mailing Address: _____ OR
Street Address City State Zip

Telephone: () _____ Email: _____

Lane Student L# _____ Social Security No. * _____

High School Attending: _____ Class Level during 2008-09: [] Jr [] Sr

High School Referral person: _____

Phone: _____ Email: _____

Student Placement Test Results: _____
Math Reading Writing

Course(s) for Referral:

Term Course Name and Course Number

Students who have an IEP or 504 plan with their high school may qualify for accommodations and services through LCC Disability Services. We will be able to coordinate their high school support services with LCC Disability Services. Do you have an IEP or 504 plan with your high school? [] Yes [] No

(1) Student: I certify that I have provided complete and accurate statements on this application and have read and agree to the consent form and release of information on the back of this page. Signature: _____ Date: _____

(2) Parent/Guardian: I authorize the above named student for participation in the Partnership Program. I have read and agree to the consent form and release of information on the back of this page. Signature: _____ Date: _____ Required if student is under 18

(3) School Official: I recommend the above named student for participation in the Partnership Program. Signature: _____ Date: _____

(4) District: The above named student has been approved for school district funding for the Partnership Program—details will be provided in quarterly Billing Authorization Forms. Signature: _____ Date: _____

Student Name: _____ **'L' Number:** _____

Acknowledgement/Release of Information

Sharing of student information between school district staff and community college staff requires a release of student record information which is covered by the Federal Educational Rights and Privacy Act (FERPA). Without this release, progress reports and grades cannot be reported to the high schools. Financial billing to the schools also requires this release.

I agree to and authorize the release of the following information to my high school and school district:

- Registration information in Referral courses (grades, attendance, transcripts, class time/location, student ID Numbers, GPA (grade point average), class drop dates, class name, number of credits, period of enrollment, number of credits earned, address and phone number).
- Financial Information (charges, payments, credits, status of application, awards amounts and status (when stipends are involved)
- I understand that the college cannot discuss student's class attendance, or academic progress, or grades with parents or guardians, or anyone else, except as identified above to my high school and school district, without written permission from the student. See Lane's FERPA policy at www.lanecc.edu/cops/release
- I understand the release of information will remain in effect as long as I participate in the Partnership Program.

As a Partnership Program student I understand the following:

- As a student taking classes I am choosing to complete college level course content. Classes may be held on the Lane Community College campus as a blend of underage and adult students, which creates an adult-oriented learning environment. I recognize that course content, instructor focus and class discussions will not be amended to account for my age.
- All policies regarding grading, class attendance, registration deadlines, payments on account and college procedures apply to me and exceptions will not be made because of my age. I will be expected to use ExpressLane to register for classes, make adjustments to my schedule, review and access my Account Summary for any charges assessed and to review my unofficial transcript which will reflect my grades.
- Grades earned in classes will appear on my permanent college transcript and will not be eligible for adjustment at a later date.
- Tuition and fees assessed on the class will be under my name and I will be responsible for ensuring that my account remains in good standing. While my Partnership courses are covered by my school district, I am responsible for any other classes that I take. I understand that my account balance must be paid within 120 days after being assessed the charges. After that date, my account will move to a collection status, regardless of my age. Students who have past due accounts can only be register after their student account has been paid in full.

*SSN Information: Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, reporting, extending credit, and collecting debts. The college will not use your number to make any decision directly affecting you or any other person. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Please refer to the disclosure statement in the class schedule or annual catalog which describes how your number will be used. Providing your social security number means that you consent to the use of your number in the manner described.

Send completed form (with all signatures) to Pam McClelland, High School Connections Administrative Specialist
Lane Community College, 4000 E 30th Ave, Eugene, OR 97405, Phone: (541) 463-5521, Fax: (541) 463-4734