



REGISTRATION FORM FOR READING, WRITING, & MATH SUMMER READINESS PROGRAM

Program description

A FREE Summer Readiness Program focusing on reading, writing, and math developed by CCRI English and math professors. This program will provide students with focused instruction to ensure college-level readiness in taking the ACCUPLACER Placement Exam.

Students have the option to register for the two-week Math course, the two-week Reading and Writing course, or both for a total of four-weeks.

The ACCUPLACER Placement Exam will be administered prior to and after the course. Fees will be waived. Upon receipt of your registration form, your initial ACCUPLACER test will be scheduled.

For more information or to submit your registration form, contact SummerReadiness@ccri.edu.

Please complete the registration form below.

Date of registration		Social Security number <small>Social Security number is mandatory under federal law. If applying without a social security number see http://www.ccri.edu/oes/education/applicantwithoutssn/tn.htm</small>	
Last name <small>(as it appears on Social Security card or U.S. passport)</small>	First name	Middle initial	Date of birth (mm/dd/yy)
Previous name		Middle initial	Gender:
Permanent home street address			
City		State/Zip	Email address
Home telephone number	Cell number	Please text me important college information regarding enrollment, <input type="checkbox"/> Yes financial aid and other key milestones in my academic progress <input type="checkbox"/> No	

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For Office Use

The following information helps us comply with federal statistical reporting requirements only and will not, in any way, impact an admission decision on your registration form. Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories.

Ethnicity: (Not used for admission. Please check one.)* <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Hispanic or Latino		Race: (Not used for admission). Not Hispanic or Latino. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races	
Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories					
Important information:		One or both parents (biological or adoptive) earned a four-year degree		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Single parent with custody of a child under 18		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Speaker of English as a second language		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Displaced homemaker†		<input type="checkbox"/> Yes	<input type="checkbox"/> No

* Ethnicity/Race data reporting for federal purposes has changed. The selections that you see in this section are the choices as mandated by the federal government for higher education reporting purposes. Only statistical numbers are reported. No individual data appears on the federal reports.

† The term displaced homemaker refers to women or men who have worked mainly in the home for a minimum of two years caring for home and family. Due to loss of family financial support (usually through death, disability or divorce), these individuals must leave the home and seek to support themselves and their families.

Please print clearly.

Name _____ Student ID number _____

Date _____ Semester _____ Expected year of graduation _____

High school name _____ High school grade _____

School counselor name _____ Telephone _____

Please indicate which course(s) you would like to register by checking the boxes below.

- MATH: July 10-13, July 17-20; 9:00-11:30am; Liston Campus, Providence
- READING/WRITING: July 24-27, July 31-August 3; 9:00-11:30am; Liston Campus, Providence

Required signature
 For Office Use -
 Leave Blank

CCRI representative _____

Name Title

Agreements:

Authorization to release records by signing this registration form.

I authorize the Community College of Rhode Island to release all education records (records include transcripts, semester course schedule, assessment test scores and residency information) to my high school counselor or his/her designee, my parent/guardian(s), the Rhode Island Department of Education and the RI Office of the Postsecondary Commissioner during my enrollment in dual enrollment courses at CCRI.

I certify that the information that I have provided on this registration form is true and correct. Further, by signing this form, I agree to abide by the rules and regulations at, and fulfill all financial obligations to, the Community College of Rhode Island.

 Applicant's signature Registration date

 If under age 18, signature of parent/guardian Registration date



THE
UNIVERSITY
OF RHODE ISLAND

**AUTHORIZATION TO RELEASE ACADEMIC RECORDS
Of Students Participating in Dual Enrollment**

FERPA Release Form (Family Educational Rights and Privacy Act)

For students participating in dual or concurrent enrollment courses at CCRI, RIC, or URI.

I, _____, hereby authorize the
Print Full Name

Community College of Rhode Island (CCRI), Rhode Island College (RIC), the University of Rhode Island (URI)
Circle the institutions where you will take concurrent or dual enrollment classes this semester.

to release all education records (including transcripts, semester course schedule, assessment test scores, satisfactory academic progress status and residency information) to my high school counselor or his/her designee, my parent/guardian(s), the Rhode Island Department of Education and the RI Office of the Postsecondary Commissioner during my enrollment in dual enrollment courses, for the purposes of jointly gaining secondary school and college credit.

I also understand this release remains in effect for one calendar year from the date it is received by CCRI, RIC or URI, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at CCRI, the Records Office at RIC, or the Enrollment Services Office at URI.

Initial _____ I worked with my secondary school guidance counselor or school administrator to choose my selected dual/concurrent enrollment courses as part of my high school credits.

High School _____

Student's Signature _____ Date _____

Parent's Signature: _____
If student is younger than 18, parent/guardian signature is required.