



APPLICATION FOR THE HIGH SCHOOL ENRICHMENT PROGRAM

Program description

The High School Enrichment Program at the Community College of Rhode Island offers high school juniors and seniors the opportunity to pursue educational experiences not available to them in high school. It is a part-time program, whereby high school students may enroll in up to six (6) credits (or two courses) per semester. Qualified students may enroll full time in the Running Start Program. Information about the Running Start Program is available at www.ccri.edu/oes/admissions/partnerships/runningstart.html.

Course selection is made at the discretion of the high school guidance counselor. Students are required to complete this High School Enrichment application with the consent and advice of a parent/guardian, school counselor or school principal. Home-schooled students must have the application signed by their respective superintendent of schools. The student and parent/guardian should then bring the completed application with the selected courses to the CCRI Office of Enrollment Services to register. Registration may be contingent upon course availability, instructor agreement and prerequisite requirements.

For information about the "Prepare RI" dual and concurrent enrollment funding, please see www.RIDE.ri.gov.

Please print clearly.

Date of application

Social Security number

Social Security number is mandatory under federal law. If applying without a social security number see <http://www.ccri.edu/oes/admissions/applicantwithoutssnortin.html>

Last name (as it appears on Social Security card or U.S. passport)

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, financial aid and other key milestones in my academic progress Yes No

Are you a U.S. citizen? Yes No

If you are not a U.S. citizen, do you have a Permanent Resident Card (Green Card)? Yes No

If you are a permanent resident card holder, please provide your alien registration number.: _____

Have you lived continuously in Rhode Island for one or more years as of the first day of classes for this semester? Yes No

Is Rhode Island your legal and permanent state of residence? Yes No

If you have a non-Rhode Island permanent home address and you are claiming Rhode Island residency, you must submit a CCRI Application for In-State Residency and all required documentation. This information is available at www.ccri.edu/oes/admissions/pdfs/resusperm.pdf

If you are not a legal and permanent resident of Rhode Island, please list your legal residence.

Street _____ City _____ State _____ ZIP _____ Country _____

Are you a recipient of the Supplemental Nutrition Assistance Program (SNAP)? Yes No

Service members or dependents

Did you serve or are you serving in the U.S. armed forces? Yes No N/A

If you or your dependents are currently serving, are you stationed in Rhode Island on active duty? Yes No N/A

Will you be using VA education benefits at CCRI? Yes No N/A

Will you be using VA education benefits as a dependent at CCRI? Yes No N/A

Did you honorably serve in a combat zone? Yes No N/A

Please note:

- Applicants in Refugee Status, Temporary Protected Status, or Political Asylum Status must mail a copy of the documentation of their status.
- Other visa or immigration status: Please mail a copy of your Visa, I-797 or other documentation.

Misrepresentation concerning residency and/or citizenship is grounds for immediate dismissal from the college, but you will remain liable for all tuition and fees.

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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 application. Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories.

Ethnicity: (Not used for admission. Please check one.)*

- Not Hispanic
 Hispanic or Latino
- Federal regulations require colleges to report enrollment data by racial, ethnic and gender categories

Race: (Not used for admission. You may check more than one race.)

- American Indian or Native American
 Asian
 Black or African American
- Native Hawaiian or Pacific Islander
 White

Important information: One or both parents (biological or adoptive) earned a four-year degree Yes No
Single parent with custody of a child under 18 Yes No
Speaker of English as a second language Yes No
Displaced homemaker† Yes 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 visit www.ccri.edu/catalog to determine if ACCUPLACER placement testing is required.)

Courses (Maximum of two courses per semester. Courses must be selected by your school counselor.)

Other course options approved by the high school (See school counselor.)

Required signatures

Secondary school official _____
(Superintendent, principal or school counselor)

CCRI representative _____
Name Title

Agreements:

Authorization to release records by signing this application.

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 application 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 _____ Application date _____

If under age 18, signature of parent/guardian _____ Application 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.