



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 an opportunity to pursue post-secondary educational experiences. It is a part-time program, whereby high school students may enroll in up to eight (8) credits (or two courses) per semester:

Course selection is made at the discretion of the high school guidance counselor. Students are required to complete and submit 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. Class 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 <i>If applying without a social security number see ccri.edu/oes/admissions/applicantwithoutssnortin.html</i>		
Last name (<i>legal</i>)	First name (<i>legal</i>)	Middle initial	Date of birth (mm/dd/yy)	
Previous name		Middle initial	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Permanent home street address				
City		State/Zip	Email address	
Cell number	Home telephone number	Please text me important time-sensitive messages about enrollment, financial aid and academic requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No		
CCRI ID number if available		Semester		
Expected year of graduation	High school name		High school grade	
School counselor name			Telephone	

(Please visit 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.)

Courses can be found at ccri.search.collegescheduler.com

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

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For Office Use

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

CCRI APPLICATION 4/2023



**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.

I, _____, hereby authorize th
Print Full Name

Community College of Rhode Island (CCRI), 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 during my enrollment in dual enrollment courses at CCRI, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at CCRI.

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.