



High School Partnership Agreement

**Complete this form if you want college and high school credit
or if you plan to attend Southwestern during high school hours.
A new form must be submitted each term you dual enroll.**

Instructions:

1. Complete both sides of this form with your parent/guardian. If you are a new Southwestern (SOCC) student, also complete the Student Record form.
2. Take both forms to your high school counselor to discuss your options.
3. Call or email the High School Liaison at SOCC once you have all the required signatures.

Student Information: Summer Fall Winter Spring Year _____

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

| | |
|------------|---|
| Birth Date | SOCC Student ID or Social Security Number |
|------------|---|

| | | | |
|-----------------|------|-------|----------|
| Mailing Address | City | State | Zip Code |
|-----------------|------|-------|----------|

| | | |
|----------------|-------------------|-------------------------|
| Home Telephone | Daytime Telephone | Name of Parent/Guardian |
|----------------|-------------------|-------------------------|

| | | | |
|---------------------------------|-------|---------------|-----------------|
| Current or Last School Attended | Grade | Date Attended | Graduation Year |
|---------------------------------|-------|---------------|-----------------|

List the specific course(s) to be taken: _____

Funding: The District agrees to provide: Tuition & Fees Books

The Parent agrees to provide: Tuition & Fees Books

As a High School Partnership student I, _____ understand and agree to the following:

1. As a student taking classes I am choosing to complete college level course content. SOCC classes contain adult material and have a varied student body of all ages and backgrounds, and I agree to act appropriately.
2. All SOCC policies pertain to me and no exceptions will be made for me because of my age. I will refer to the college website for all policies and procedures. I will use WebAdvisor to register, confirm my schedule, view my grades, and for any other information that can be obtained on WebAdvisor.
3. My permission is granted for necessary information to be shared between the high school, SOCC, parents/guardians and other support services. The release of information will stay in effect between the high school and SOCC until I graduate from high school. The release of information will stay in effect between the parents/guardians and SOCC until after I turn 18 years of age, and I officially request the information to be restricted.
4. Payment is due at registration if I and my parents/guardians are responsible for the charges. SOCC will bill my high school if my high school is responsible for the charges. My registration will create a financial obligation to Southwestern Oregon Community College in which my parents/guardians and I are responsible for payment of all unpaid charges. In the event of default, my parents/guardians and I will pay all attorneys' fees, collection costs, and any other charges necessary for the collection of any monies owed Southwestern Oregon Community College.

I have provided complete and accurate information and agree to the above statements.

Student Signature

Date

I authorize the above named student to attend SOCC and believe this student has the ability and maturity to be successful at SOCC. I have read and agree the information stated on this agreement form.

Parent/Guardian Signature

Date

I recommend the above named student to attend SOCC.

High School Counselor Signature

Date

The above named student has been approved for school district funding as stated one page 1.

High School, District High School Official, or ESD Rep Signature

Date