

## Keokuk Community School District's Notice of Student Registration for College Classes

**Section 1. Student** Please type or print in ink—press firmly.

Student name, last, first	Address	City & Zip Code
Phone (including Area Code)	Social Security Number	Date of birth dd/mm/yyyy
Parent/Guardian Name	Address	City & Zip Code

### Proposed Schedule of Courses

Course Title	Course Number	Semester Hours	Course Days & Time

### SOUTHEASTERN COMMUNITY COLLEGE

FALL SEMESTER	SPRING SEMESTER	MONTH	YEAR
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**Student and Parent**

We have been advised by the high school counselor about the opportunity and the full responsibilities of the enrollment in a college level class. If I fail to complete and receive credit for the PSEO (ICN) course(s) listed above, I/my parents will be responsible for the cost directly related to the course(s) and shall reimburse the school district for such cost.

I/my parents authorize the release of grade reports to the school officials during the enrollment period.

_____ Signature of Student	_____ Date	_____ Signature of Parent	_____ Date
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**Section II Keokuk Community School District**

School District: Keokuk Community School District	School: Keokuk High School	Student Grade Level 11 _____ 12 _____
Secondary School Contact Person:	Title: COUNSELOR	Telephone (Including Area Code): KHS-319-524-2542

**High School Verification:**

I verify that the student information in Section I is accurate and the student is eligible for the course(s) listed in Section 1 for participation in the Postsecondary Enrollment Options Act.

_____ Signature of Authorized School Official	_____ Title	_____ Date
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**Section III Post-secondary Institution**

Name of Postsecondary Institution			Address			Phone number (including area code)		
Course Title	Course #	Quarter	Semester	Course Times	Tuition	Fees	Textbooks	Materials
						\$	\$	\$

I certify that the student identified in Section I has been admitted to the courses identified in Section III

_____ Signature of Authorized College Official	_____ Title	_____ Date
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