



ANC Early College Program Registration & Student/Parent Agreement Form (Complete with blue or black Ink)

(870) 762-1020
www.anc.edu
2501 South Division
P.O. Box 1109
Blytheville, AR 72316

Student Name: _____ Birthdate: ____/____/____

Are you a Nucor Diploma² Scholarship Recipient? Yes No

Social Security Number: _____ - _____ - _____ Semester: Fall 20 _____ Spring 20 _____ Summer 20 _____

High School: _____ High School Graduation Year: _____

Office Use Only: Student ID: _____ School Code: _____ ANCTC: Block 1: ____ Block 2: ____ Program of Study: _____

Course Schedule

Course Number	Section	Course Title	Instructor	Class Type
				<input type="checkbox"/> Online <input type="checkbox"/> Live <input type="checkbox"/> ANC Tech Center
				<input type="checkbox"/> Online <input type="checkbox"/> Live <input type="checkbox"/> ANC Tech Center
				<input type="checkbox"/> Online <input type="checkbox"/> Live <input type="checkbox"/> ANC Tech Center
				<input type="checkbox"/> Online <input type="checkbox"/> Live <input type="checkbox"/> ANC Tech Center

The student's combined course load for both high school and college should not exceed a normal full-time load for both institutions. Final grades for the above courses will become part of the student's academic and financial aid permanent record (see below). The student meets placement test score requirements (if applicable) and I recommend the student for the above courses.

Principal/Counselor Signature: _____ **Date:** _____
Completed High School Success Plan (Response required for Arkansas residents only.) Yes No

ANC Advisor/Career Coach Signature: _____ **Date:** _____

I, the undersigned student, understand that this release may be rescinded at my request, for any reason, by providing a written statement to the ANC Admissions Office. I also understand that if I rescind this authorization, it is effective on the date of receipt of the written statement and is not retroactive.

Academic/Financial Aid Policies:

Credit attempted and earned through this program will be posted to a college transcript and become part of the student's permanent academic and financial aid record. The grades earned and credit attempted will be included in all GPA and completion rates to determine Satisfactory Academic Progress for both academic and financial aid calculations.

If a high school student successfully completes an English and/or mathematics remedial/developmental course, it does not guarantee college-level course placement at another Arkansas College/university.

Release of Information:

As a high school student under the age of 18, your school and parents/guardians have the right to view your college records according to FERPA (Federal Education Records Privacy Act) guidelines.

By submitting this form, I give ANC permission to release and receive the following information to/from my parent(s) or legal guardian(s) and authorized personnel at my high school for education benefits: 1.) High School Transcripts, 2.) Mid Term Grades, 3.) ACT, Accuplacer and/or COMPASS scores, 4.) Final Official College Transcript (each term,) 5.) Attendance records, 6.) Student ID Number

Parent/Legal Guardian Agrees to the following:

I agree to support my child in being successful. I understand that the final grades for any college course that my child may take will become part of his/her permanent academic record. I agree to comply with all rules, regulations, and requirements at Arkansas Northeastern College. I also understand that the initial \$25 installment may be non-refundable and I will be responsible for payment of all amount(s) owed ANC, i.e. tuition, fees, fines, etc. I agree to make payments promptly according to payment plan dates.

Student Signature: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

NEW REGISTRATION FORM REQUIRED TO ADD CLASSES AFTER INITIAL SUBMISSION