



Indian River State College
Registration Information
Adult Education

OFFICE USE ONLY
Entered By: _____
Date: _____
Campus: _____

Form with fields for Last, First, Middle, Student ID Number, Year, Semester, Term A/B, Local Mailing Address, City, State, Zip Code, Country, Area Code, Home Phone #, Secondary Phone #, Month, Day, Year of Birth, and Email Address. Includes program selection checkboxes.

I certify that all information submitted in this registration is true to the best of my knowledge.

Official Use Only

Signature lines for Student and Adult Education, Date fields, and a table with columns: Add/Drop, Reference #, Campus, Course ID #, Course Title, Days, Time, Room, Instructor. Includes Total Battery, Lowest CASAS, and SPL# fields.

High School Counselors ONLY

High School currently attending: Cohort Year: Grade level enrolled: Cumulative GPA:

I, the high school counselor, certify that the above named student has not been given permission to enroll in more than 2 credit-recovery courses this academic year, per Florida Statute, Section 1011.80(10). I certify that the above-named student has been given permission to enroll in the courses(s) listed above. I have attached a copy of the student's high school transcript verifying their cohort year.

Counselor / Designee's Signature Date

High School Permission Students ONLY

I, the parent or guardian, believe that it is in the best interest of my son/daughter to enter the High School Permission Program. I understand that any misrepresentation of facts or other information may result in the immediate cancellation of this registration.

If admitted to Indian River State College, I, the student, agree to abide by the policies of the Board of Trustees and the rules and regulations of the College. I give permission to the IRSC A.H.S. staff to release attendance and progress information to my parents.

Parent's Signature Date Student's Signature Date

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