

THIS FORM MUST BE NOTARIZED

Columbus State Community College

2009-10 PERMISSION FORM FOR HOME SCHOOL STUDENTS Option D

Name of Student _____

Social Security Number/Cougar ID _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Telephone _____ / _____
(Area Code) (Number)

Date of Birth _____ Expected graduation yr. _____

I authorize Columbus State Community College to discuss any information related to my application, admission status, and academic progress at Columbus State with my parent(s) or guardian(s). I understand that Columbus State Community College is not responsible for the tuition, fees and book costs. I understand that I must follow all rules and procedures of Columbus State Community College.

Student's Signature _____ Date _____

I give my permission for the above named student to enroll at Columbus State Community College for the Summer, Autumn, Winter and/or Spring Quarter(s) for the 2009-10 academic year. A new form must be submitted each academic year. (The academic year begins with the Summer Quarter and ends the Spring Quarter.)

Printed Name of Parent

Signature of Parent
(Notarized)

Date

Fax (614/287-6045), drop-off or mail a copy to:
Columbus State Community College, K-12 Initiatives, PO Box 1609, Columbus OH 43216