



Washtenaw Community College

MINOR STUDENT ENROLLMENT PARENTAL CONSENT FORM

As the parent (or legal guardian) of _____,
(Student's Name - please print clearly.)

I hereby consent to his/her enrollment as a student at Washtenaw Community College ("College"). In addition to such consent, I hereby acknowledge and accept the following conditions of enrollment:

1. My child will be subject to the rules, regulations, and policies of the College.
2. My child will be interacting socially with adult, college students and the College is not responsible for these social interactions.
3. My child may be exposed to discussions, readings, and visual material of a mature nature and will be expected to conform to the same performance standards as any other college student as set forth in course outlines and syllabi.
4. The College and its employees, faculty, agents, students and trustees shall not be responsible for the supervision and individual monitoring of my child while in attendance at the College.

Student's WCC ID Number: _____

Semester of Enrollment: _____

****This form must be submitted each semester.****

Parent (or legal guardian) Information:

Name: _____
(Please print clearly)

Signature: _____

Date: _____

Address: _____

Phone No: _____

****Dual Enrolled Students are limited to a maximum of seven credit hours per semester.**

For Office Use Only:

Updated in SAAADMS: _____ Updated in SOAHOLD: _____ Noted in SGASTDN: _____
(Continuing/Readmitting student)