

Dual Enrollment Permit to Register www.tstc.edu

Last Name		First Nam	e		M.I.	
, ,	O	_			141.1.	
Date of Birth	O Male O Female			Social Security Number or TSTC ID#		
Mailing Address		1.85	City	S	T ZIP	
()			@		
Phone Number Co	ell Phone Nu	ımber		email Address		
Name of High School	100		Ī	High School Grade Level	Technical Pathway	
Semester enrolling Year	O Fall	O Spring	O Summe	(Please Check One	Box)	
Parent Contact Information:						
Last Name		First Nam	e	7,82	M.I.	
() - ()	-		@		
Phone Number Co	ell Phone Nu	ımber		email Address		
TSTC Course	Cour	se Number		Course Section		
1.						
2.						
3.						
4.						
My signature below indicates that I have in high school and college courses concern Rights and Privacy Act (FERPA), a federa the student; however, under the provision school district, usually a counselor, princi	ns the sharir Il law passed Ins in FERPA,	ng of information of in 1974, only of TSTC can share	on about st directory ir	udent performance. Unde Iformation may be shared	er the Family Educational with anyone other than	
By signing below, I acknowledge that I have	e read and ur	nderstand this fo	rm.			
Student Signature:			N 000 = 07	Date:		
By signing below, I acknowledge that the st	udent is eligil	ple to participate	in the prog	ram.		
High School Administrator:				**1		
			T	îtle	Date	
TSTC Official:				ïtle	Date	
			ı	1414	Date	

Equal opportunity shall be afforded within the Texas State Technical College System to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. TSTC will make reasonable accommodations for persons with disabilities. Texas State Technical College System is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; Telephone 404-679-4501) to award Associate of Applied Science degrees and Certificates of Completion.