



High School: Canby High School

Today's Date _____

CCC SMART INTERNSHIP REGISTRATION AND GRADE REPORT

Social Security # *: _____ Birth date: _____

Student Name _____
Last First Middle

Mailing Address _____
Street Address City State Zip

E-mail Address _____ Phone #: _____

Ethnicity: American Indian/Alaska Native Asian/Pacific Islander Gender: Female Male
 Black/Non-Hispanic Hispanic White/Non-Hispanic

P/NP	Course Title	Credits	Tuition/Fees	Grade
X	HD 180 – 01CNB Career Development Internship			\$30*

Please indicate your educational goal:

- | | | |
|--|---|---|
| <input type="checkbox"/> Earn a degree/certificate | <input type="checkbox"/> Explore career/academics | <input type="checkbox"/> High school completion/GED |
| <input type="checkbox"/> Learn English Language | <input type="checkbox"/> Learn job skills | <input type="checkbox"/> Personal Interest |
| <input type="checkbox"/> Reading/writing/math skills | <input type="checkbox"/> College transfer | <input type="checkbox"/> Update job skills |
| <input type="checkbox"/> Other _____ | | |

**Providing your Social Security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please refer to the CCC Schedule of Classes which describes how your number will be used. Providing your Social Security number means that you consent to the use of the number in the manner described.*

Please read and sign indicating your agreement to the following:

- It is my responsibility to notify my high school of my intent to enroll at CCC and to obtain authorization from my designated official.
- I understand that when I register for a class at CCC, I assume responsibility for my enrollment activity and record, including completion of course and grade.
- I will keep my high school official informed with regard to my enrollment status.
- I consent to the release of my CCC enrollment status, academic record, performance, and financial student account information to my high school, training sites, and employers. This authorization may be revoked by me at anytime. Until revoked in writing, this authorization remains valid each academic year that I participate in this program.
- If less than 16 years old parental signature is required.

 Student Signature _____/____/____

 Parent Signature _____/____/____

Designated Official:

Print Name _____/____/____

Signature _____
Phone

For CCC office use only: 6-Digit Course Reg. #: _____ Term: SU ____ FA ____ WI ____ SP ____

* The \$30 fee is paid by the student to Canby High School. CCC will bill Canby for the tuition/fee.