

Concurrent High School Registration form for JumpStart & Dual Enrollment

STEP 1: Complete the Mercer County Community College Admissions Application online at www.mccc.edu/apply by clicking on the link in Step 1.



When completing the online application, applicants will pick:

1. **“Concurrent High School”** as the option for the category “Admit Type” and
2. **“Non Degree – JumpStart”** as the option for the category “Academic Program of Interest” for JumpStart Students. (Jump Start students earn college credit while in high school.) **OR** **“Non Degree – Dual Enrollment”** as the option for the category “Academic Program of Interest” for Dual Enrollment Students. (Dual Enrollment students earn college credit and credit toward high school graduation requirements.)

STEP 2: Complete the sections below. Fax this form to the Admissions Office at 609-570-3797 or scan and email to admiss@mccc.edu.

REGISTRATION

Name _____ Date of birth _____

MCCC Student ID _____ Graduation Year _____

High School _____

Course	Section	Course Title	Credit Hours

Student Signature _____ Date _____

STEP 3: PSAT/SAT/ACT Test Scores

Acceptable ways of submitting your test scores include:

- Having your high school guidance counselor print the scores from Naviance and send them in **OR** write the scores below in the designated area.

PSAT/SAT Scores: Reading Comprehension: _____ Math: _____

ACT Scores: Reading Comprehension: _____ Math: _____

STEP 4: Parental Information/Permission

- My son/daughter has my permission to attend classes at Mercer County Community College. I understand that transportation, books, and materials are our responsibility. I also understand that my child’s continued enrollment is subject to the college’s evaluation of his/her maturity level and ability to benefit from the program.
- I authorize MCCC to disclose my son/daughter’s course progress information to the high school when/as needed.
- I authorize MCCC to release my son/daughter’s transcript to his/her high school, if requested. My son/daughter has taken the free college placement test. My son/daughter has met the course prerequisites.
- I understand that it is my son/daughter’s responsibility to contact his/her guidance counselor if there are any problems.
- If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Mercer County Community College to treat and/or send this person to a physician or hospital and authorize the physician or hospital to release my child after treatment to a representative of Mercer County Community College.
- I understand that payment for classes is not contingent on my son/daughter’s success in the class and that I will be responsible for all tuition/fees, regardless of the grade they receive.

Signature of Parent/Guardian _____ Date _____

STEP 5: High School Counselor Statement

I believe that _____ is intellectually and emotionally capable of handling the indicated courses and has sufficient academic preparation to succeed.

Signature of Counselor/Teacher

Name/Title (Please Print)

For more information, call the Admissions Office at 609-570-3244.