

# Concurrent Enrollment Form

## 2018-2019

Student Name \_\_\_\_\_ High School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
 Street  City/State  Zip

Anticipated Graduation MM/YYYY \_\_\_\_\_ Overall HS GPA \_\_\_\_\_ MATC ID # \_\_\_\_\_

Registration for Term:     Fall (August – December)

**Please initial each line to verify you have read, understand, and agree to the following policies:**

\_\_\_\_ I understand that upon enrollment I am a college student and agree to abide by all the policies, procedures, and decisions of the college as outline in the current [High School Student Handbook](#). I give permission to Manhattan Area Technical College to release my academic records to the above-named high school related to my concurrent enrollment.

**By selecting 'Yes' and signing this form, I understand I am giving permission to the institution to share certain pieces of information with the designated individual(s) listed below, including attendance, disciplinary referrals/actions, financial aid, grades, and student account (under [FERPA](#) regulations).**

Yes     No    If yes, list name(s) \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

**Parent/Guardian Permission:**

\_\_\_\_ I am the parent or legal guardian of the above named student. I hereby consent to his/her enrollment in the Manhattan Area Technical College Concurrent Enrollment Program. Under the [Family Educational Rights and Privacy Act](#) (FERPA), I will not have access to the academic records of my student without his/her written consent.

\_\_\_\_\_  
Parent/Guardian Signature Date

### Course Schedule

✓	Course	Section	MATC Course Title	Credit Hours	Instructor	Class Period

**I authorize the student to enroll in the following course(s), provided that the student has taken the placement test, or submitted appropriate ACT scores and has met any necessary courses pre-requisites.**

\_\_\_\_\_  
Counselor/Administrator Approval Signature Date

# Parent Financial Responsibility Agreement 2018-2019

## Payment of Fees/Promise to Pay

I understand that when my student registers for any class at Manhattan Area Technical College or receive any service from Manhattan Area Technical College, I accept full responsibility to pay all tuition, fees, and other associated costs assessed as a result of his/her registration.

I understand and agree that if my student drops or withdrawals from some or all of the classes for which he/she are enrolled in, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule at Manhattan Area Technical College.

## Delinquent Account/Collection

*Financial Hold:* I understand and agree that if I fail to pay for my students account bill or any monies due and owing Manhattan Area Technical College by the scheduled due date, Manhattan Area Technical College will place a financial hold on my students account, preventing them from registering for future classes, requesting transcripts, or receiving a diploma.

*Late Payment Charge:* I understand and agree that if I fail to pay my students account bill or any monies due and owing Manhattan Area Technical College by the scheduled due date, Manhattan Area Technical College will assess late payment and/or finance charges to my students account.

*Collection Agency Fees:* I understand and accept that if I fail to pay my students account bill or any monies due and owing Manhattan Area Technical College by the scheduled due date, and fail to make acceptable payment arrangements to bring my students account current, Manhattan Area Technical College may refer my students delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on a percentage at a maximum of Manhattan Area Technical College percent of my students delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary for the collection of my students delinquent account. Finally, I understand that my students delinquent account may be reported to one or more of the national credit bureaus.

## Parent/Guardian Information

**Printed Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_