1121- Enrollment Services
P.O. Box 40010
Lansing, Michigan 48901-7210
Phone: 517/483-1200 Fax: 517/483-1170

Home School Approval Form: 16 or 17 Year-old

Student Last Name: _____ First Name: _____

Birth Date: _____ LCC ID #: _____ HS graduation year: _____

Semester of Attendance: _____ Year: _____

Spring (January) Summer (June) Fall (August)

Note to Parents and Students

It is the responsibility of the student to provide the Enrollment Services Office with the completed Dual Enrollment Form prior to enrollment in classes. Students who register prior to submitting this form are subject to being dropped from their courses. This form must be completed for each semester of enrollment until the student has completed the senior year of high school or reaches age 18. LCC requires basic skills assessment for all new students. A student may audit or take the course(s) for credit.

Student FERPA Disclosure (Check one box only)

☐ I hereby allow the release of all aspects of my educational records, directory information (as allowed under the Family Educational Rights and Privacy Act), and student finance information to my parent/legal guardian shown below. All educational/financial records for this semester of attendance may be shared with him/her.

☐ I do not agree to allow my parent/legal guardian to have access to my educational records/directory information/student finance records.

_____ Date: _____

Signature of Student

Parent/Legal Guardian Approval

I, the undersigned, approve the above-named student to enroll at Lansing Community College. I confirm that my son or daughter will be at least 16 years of age on the first day of the semester and is being home schooled at the eleventh or twelfth grade level. Furthermore, I will assume financial responsibility for any and all costs associated with my child's attendance at Lansing Community College, if not covered by any other means. I waive any claim against Lansing Community College for injury, loss or damage whatsoever, caused by any person rendering any services of the program caused by outsiders. I understand that my son or daughter is participating in an adult educational environment and I hereby assume responsibility and hold Lansing Community College harmless for any adverse consequences of that participation. I understand that enrollment is contingent upon an available open seat in the course(s) selected.

_____ Daytime Phone: _____

Print Parent/Legal Guardian Name

_____ Date: _____

Address City State Zip Code

_____ Birth Date: _____

Signature of Parent/Legal Guardian

 Completed forms may be faxed, mailed or delivered in person. Please allow two business days for processing.