

P.O. Box 398 Kenansville, North Carolina 28349 910-296-2460

## **Continuing Education Department**

## UNDERAGE/DUAL ENROLLMENT PERMISSION FORM

Parent/Guardian Petition for the admission of a minor applicant to enroll in the: (Check One)

| Self Supporting Programs  |                          | Occupational Extension Programs   |
|---|--------------------------|---|
| SECTION A:  |                          |   |
| Name:   |                          | Student ID:   |
| Address:  |                          | City, State, and Zip:   |
| Telephone:  |                          | Date of Birth:  |
| Are you on probation:   | Yes                      | NO  |
| If yes, please list name of probation office:   |                          |   |
| SECTION B: (This section must be completed by   | school offici            | al(s) having legal jurisdiction over minor)                                     |
| I verify approval for<br>Community College after regular school hours (ex<br>the said minor to attend classes.  |                          | ·   |
| Principal   |                          | Name of School  |
| <b>SECTION C:</b> Parent Permission (This section must be completed and submitted prior to the minor attending any classes at James Sprunt Community College.   |                          |   |
| I,, being the parent or court-appointed   |                          |   |
| guardian of the above minor, do hereby give my<br>Supporting or Occupational Extension classes at 1<br>that the place of residence, date of birth of the m<br>attend the college are correct as stated above. | consent fo<br>James Spru | r the above minor to attend any Self<br>Int Community College. I hereby certify |
| Parent or Guardian  |                          | Date  |

Address

**Telephone number**