

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 Community College after regular school hours (ex the said minor to attend classes. | | · |
| Principal | | Name of School |
| SECTION C: 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 Supporting or Occupational Extension classes at 1 that the place of residence, date of birth of the m attend the college are correct as stated above. | consent fo James Spru | r the above minor to attend any Self Int Community College. I hereby certify |
| Parent or Guardian | | Date |

Address

Telephone number