

Advanced College Experience (ACE '08) July 7 - August 5, 2008

215-751-8310

Please fill out both sides of this application form.

APPLICATION (You must complete the front and back.)

A. Student Name: _____ Name of Course: _____

(Please print very clearly)

Social Security Number: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: _____ Emergency Phone: _____ Cell Phone: _____

High School: _____ Graduation Year: _____

Parental/Guardian Consent:

As a parent/guardian of the above student, I support his/her participation in the Advanced College Experience (ACE) Program.

I give Community College of Philadelphia permission to use photographic, video and/or digital images taken of the above student as well as quotes provided by the above student at its sole discretion, in any of its publications, advertisements, promotional materials, or audiovisual productions associated with marketing and/or student recruiting. I waive all rights I have or may obtain in the future in all such uses.

I agree to allow Community College of Philadelphia to disclose information contained in my son's/daughter's records which will include, but is not limited to information on attendance, participation, behavior, grades, test scores, and placement test scores to appropriate officials at his/her high school.

I understand that under the Family Educational Rights and Privacy Act (FERPA), Community College of Philadelphia is required to obtain my consent before releasing any information and my signature below indicates my consent. I understand that under certain conditions outlined in FERPA, Community College of Philadelphia is able to disclose "directory" information, such as a student's name, address, telephone number, email address, date and place of birth, honors and awards, and dates of attendance, without my consent to school officials with legitimate educational interests.

Parent's Name: _____ Parent's Signature: _____

(Please print)

Teacher's/Counselor's Name: _____ Teacher's/Counselor's Signature: _____

(Please print)

Student Agreement:

I agree to have good conduct, regular class attendance, participate in class, and complete homework assignments on time.

Student Signature: _____

Turn Over →

