



# DMACC HIGH SCHOOL PERMISSION FORM

**Please indicate current grade level:**

<input type="checkbox"/> 11 <sup>th</sup> or 12 <sup>th</sup> grade	<input type="checkbox"/> 9 <sup>th</sup> or 10 <sup>th</sup> grade
<input type="checkbox"/> Home School	<input type="checkbox"/> Pre-High School

**Parents:**

We the parents/guardians of \_\_\_\_\_

Social Security #/DMACC ID # \_\_\_\_\_, a student at

\_\_\_\_\_

\_\_\_\_\_, give permission to our son/daughter to take college classes from Des Moines Area Community College.

We also agree to provide the necessary admissions documents as required by the College and understand that course placement may be mandatory based on his/her ACT/ACCUPLACER scores.

\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_

**Signature Date**

*(This form needs to be submitted **each** semester prior to registration.)*

**K-12 School:**

\_\_\_\_\_, is a student with our school and in good standing. Based on his/her academic performance to date, this student should be able to meet the challenges of a college credit course.

\_\_\_\_\_

**High School Official's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Title**

**DMACC: 11<sup>th</sup> and 12<sup>th</sup> grade students do not need DMACC signature.**

The aforementioned student has completed all DMACC admissions requirements and met with an Academic Advisor for registration.

\_\_\_\_\_

**DMACC Advisor Signature**

\_\_\_\_\_

**Date**