

PETITION FOR CONCURRENT/DUAL ENROLLMENT 9th-12th GRADE STUDENTS TO RIO HONDO COLLEGE

TO BE COMPLETED BY STUDENT– Please Print			
Student's Name:	First	Birth: II	RHC Student D Number:
Name of School	El Rancho High School	M.I. Current Grade Level:	Student Phone #:
Student Email Address			
Semester and Year that you wish to attend Rio Hondo College: Fall 20_ Spring 20_ Summer 20			
HIGH SCHOOL PRINCIPAL or DESIGNEE			
ENROLLMENT INFORMATION and CERTIFICATION OF ELIGIBILITY			
COURSES FOR WHICH STUDENT WISHES TO ENROLL: (maximum 11 non-remedial units)			
COURSE TITLE	UNITS	COURSE TITLE	UNITS
As Principal or designee*: Pursuant to Education Code 48800.5 and 76001, I have reviewed the academic record of the above named student and certify that the student demonstrates adequate preparation in the course(s) listed. I certify that I am limiting the number of recommendations to no more than five percent (5%) of the total number of pupils who completed the grade immediately prior to the time of the recommendation for summer session. I certify that I am aware of the above Ed Code and I also recommend that the above student take no more thanmax units. NOTE: Courses must be identified <u>PR/OR</u> to signing. Signature:Printed Delia Arriola			
Phone Number: _(562	2 ₎ 801-7540		Ext.:
STUDENT AND PARENT SIGNATURES			
Parent Signature:	or class(es) that have been app		Date: Date: ment. Submission of this petition
does <u>NOT</u> constitute official enrollment of classes. Please read the 9-12 Concurrent/Dual Enrollment Policy on the reverse side. Thank you.			
FOR OFFICE DATE USE ONLY RECEIV	ED:	PROCESSED BY:	

* A letter signed by the Principal with a list of approved designees <u>MUST</u> be on file at Rio Hondo College Admissions Office.