## A QUICK HOW-TO GUIDE

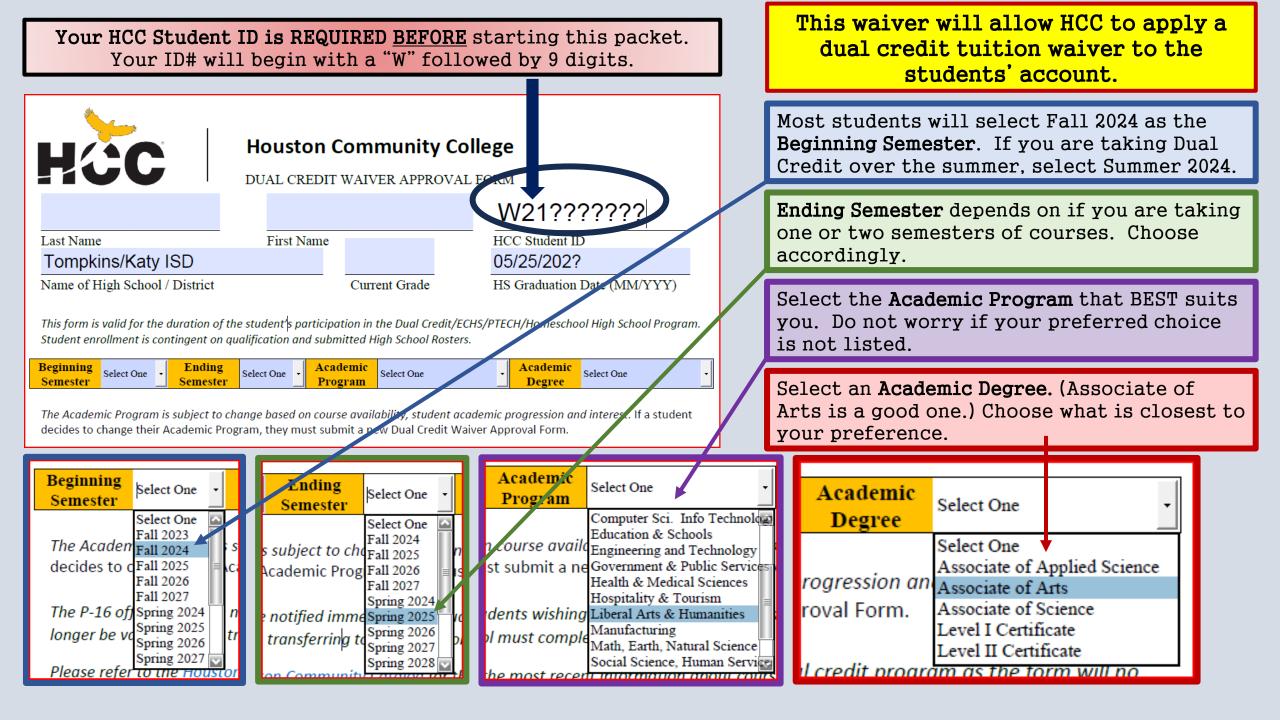
For filling out your HCC Dual Credit Application for OTHS

YOU MUST COMPLETE YOUR APPLY TEXAS APPLICATION AND RECEIVE YOUR HCC STUDENT ID# BEFORE SUBMITTING THIS PACKET. At Tompkins, we are collecting these application packets via Google Doc.

This is an editable document. Save it to your COMPUTER, fill it out by typing into the boxes. Typed signatures are accepted. When finished filling it out, SAVE it to your computer as a PDF. When filling out the Google Doc to submit the application to Tompkins, use the PDF file as the attachment.



### **DO NOT** TAKE A PICTURES OF YOUR APPLICATION TO SUBMIT AS ATTACHMENTS!



The bottom part of page 1 is the **Student Commitment Statement**. Please read it carefully. Student and Parent/Guardian signatures and dates are required. The High School Official will sign after it is turned in via Google Doc.

### Students and Parents please read the statements below:

- I acknowledge that the student is responsible for paying all costs (tuition, fees, textbooks, supplies, or instructional software) associated with taking dual credit course(s) unless otherwise stated by high school.
- I understand that the student must have written permission from the high school counselor before he/she can withdraw from a dual credit course.
- I understand that Academic Freedom allows faculty and students to pursue relevant course content that may be adult in nature.
- I understand that once the student is registered in a college course, he/she controls access to his or her educational records under the
  Family Educational Rights and Privacy Act (FERPA) and—unless an exception applies—I may not have access to my student's records
  without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- I understand that a college level standard of conduct is required. It is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of HCC, and standards set forth in the course syllabus.
- I acknowledge that I have read the Student Commitment Statement and understand that I can only succeed through hard work and will take the initiative in my education.
- I understand that Out-Of-district fees are assessed based on a student's home address. Students may be required to pay the fee, or the school district may assume responsibility.

My signature below acknowledges that I have read and understand the statements above and give my child permission to enroll in the Dual Count Program at Houston Community College during the unstained of their high school career.

Student Signature	Date:
Parent/Guardian Signature	Date:
High School Official Signature	Date:

# This page is required.

This form will allow HCC to edit student information in the event it was entered incorrectly in Apply Texas.

Fill in your entire address! Include the STREET NUMBER and NAME, CITY, STATE, and ZIP CODE.

The High School Representative will sign after receiving the packet via Google Doc.

Fill out everything in this section. All signatures, printed names and dates are required.



### Dual Credit Residency Change Office of Student Records

### PLEASE SUBMIT THIS FORM TO YOUR HIGH SCHOOL COUNSELOR/LIASION

For more information about residency. Visit a campus or visit the website https://www.hccs.edu/applying-and-paying/residency-information/

22910 Colon Katy, Ph.: (713	aty Campus nial Pkwy TX 77449 3) 718-5808 3) 718-5446	HCC- Spring Branch Campus 1010 W. Sam Houston Pkwy N. Houston, TX 77043 Ph.: (713) 718-5710 Fax: (713) 718-5630	HCC- Alief Campus 2811 Hayes Rd. Houston, Texas 77082 Ph.: (713) 718-6918 Fax: (713) 718-8804
Student's Name: Home Address:	11223 Street Nam City, State Zip Co		(School Seal/Stamp)
School District: High School Repre		High School: To	· • · ·
Home Phone: Cellular Phone: Course Names & I Course Names & I	Numbers:	E-Mail:	
Parent Printed Na Parent Signature: Student Printed N		Date:	
Student Signature	e	Date:	



Bacterial Meningitis Vaccination Verification Form

Last Name	First Name	HCC Student ID Number
Date of Birth	Daytime phone #	Email address

I am submitting meningitis immunization documentation as required

I am submitting Medical Exemption affidavit or certificate (Signed statement by physician stating that the vaccine poses a significant risk to your health. Unless statement indicates permanent condition, the exemption statement is valid for only one year from the date signed by the physician)

I am submitting an Affidavit for Exemption from Immunization for Bacterial Meningitis for Reasons of Conscience.

#### VERIFICATION FORM & DOCUMENTATION MAY BE SUBMITTED:

- AT ANY CAMPUS
- BY EMAIL: Scan your documentation and attach it to an email sent to <u>vaccine@hccs.edu</u>
- BY FAX: 713/718-2882
- BY U.S. MAIL:

Houston Community College Admissions & Records, P.O. Box 667517 Houston, Texas 77266-7517

I have read and understand the Bacterial Meningitis immunization requirement. I certify that the information I have provided is true and correct.

The Meningitis Vaccination is **not required** for students taking classes at their high school campus.

Tompkins will provide the Official High School TERM Transcript when uploading packets to HCC.

Certain courses **WILL require** the vaccination. RE: If you attend classes at HCC, or have an online class requiring you to report in person (to do a lab assignment), etc.

Student Signature

Date