



HIGH SCHOOL RELEASE TO ATTEND*

COMMUNITY COLLEGES OF SPOKANE

PLEASE CHECK OR COMPLETE ALL THAT APPLY

Community Colleges of Spokane offers high school students the opportunity to take a variety of classes at different locations throughout the district. It is important to note that students will not be accepted prior to the graduation date of their class without signed approval of the high school principal or principal's designee.

NOTE: Running Start students should contact their public high school counselors for application procedures.

1. I hereby recommend that the student named below be granted permission to attend college level classes at Community Colleges of Spokane while attending high school.
Recommended course(s) to be taken _____

2. I hereby recommend that the high school student named below be granted permission to attend high school classes at the Adult Education Center while attending (or out of) high school.
Recommended course(s) to be taken _____
In the event the course(s) taken completes requirements for high school graduation, please indicate who should award the diploma.
 High school Community Colleges of Spokane

3. I hereby recommend that the student named below be granted permission to attend noncredit classes at Community Colleges of Spokane while attending (or out of) high school.
Recommended course(s) to be taken _____

4. I hereby give permission and release the student named below to apply for admission to Community Colleges of Spokane as the student resides in our high school service area.

Name of student _____ **High school graduation date** _____

What year and quarter do you plan to begin:

Year _____ **Summer (June-Aug.)** **Fall (Sept.-Dec.)** **Winter (Jan.-March)** **Spring (April-June)**

HIGH SCHOOL STUDENTS WILL NOT BE CONSIDERED FOR ADMISSION TO COMMUNITY COLLEGES OF SPOKANE PRIOR TO GRADUATION OF THEIR CLASS WITHOUT THIS RECOMMENDATION FORM SIGNED BY THE HIGH SCHOOL PRINCIPAL OR PRINCIPAL'S DESIGNEE. GRADUATION DATE WILL BE BASED ON STUDENT'S ENTRY DATE TO HIGH SCHOOL.

High school _____

Principal or principal's designee (PLEASE PRINT) _____

Principal or principal's designee (PLEASE SIGN) _____ Date _____

**Completion of this form does not guarantee entry into a Community Colleges of Spokane program.*

SEND COMPLETED FORM TO:

- SCC—MS 2151, 1810 N Greene St, Spokane WA 99217-5399; Phone 509-533-8020; Fax 509-533-8313
- SFCC—MS 3011, 3410 W Fort George Wright Dr, Spokane WA 99224-5288; Phone 509-533-3520; Fax 509-533-3237
- IEL—MS 3027, 2917 W Fort George Wright Dr, Spokane WA 99224-5202; Phone 509-279-6001; Fax 509-279-6070
- AEC—2310 N Monroe St, Spokane WA 99205-4547; Phone 509-533-4600; Fax 509-533-3220

Office Use Only
Date Received _____
Initials _____

Yr./Qtr. _____
Date _____
Student Identification Number _____
Name _____