FOOTHILL COLLEGE
12345 El Monte Rd., Los Altos Hills, CA, 94022

College and Career Access Pathway (CCAP)
High School Dual Enrollment
Parent Form: Termination of Consent

The following form terminates consent to enroll in Foothill College courses taught at the high school, at Foothill College, or online, for the duration of your student's high school years.

Student's First Name: _____

Student's Last Name: _____

Student's Date of Birth (MM/DD/YYYY): _____

Foothill Campuswide ID (Optional): _____

Student's Current High School: _____

Anticipated Graduation Date (MM/DD/YYYY): _____

I hereby certify that I am the parent/guardian of the above-named student and that I am terminating my consent for their participation in any Foothill courses during the years my student is enrolled in high school.

Parent/Guardian Signature: _____

Date (MM/DD/YYYY): _____

Parent/Guardian Email: _____

Parent/Guardian Telephone: _____

By signing above, I certify the information I provided on this form is accurate and complete to the best of my knowledge.