

2024-2025 ASCENT Registration Form

DUE BACK TO YOUR COUNSELOR BY April 26, 2024

You have indicated that you are interested in enrolling in the 5th year ASCENT program. This program allows you to take college coursework immediately following your senior year of high school.

Persons under twenty-one (21) years of age who have met all district graduation requirements, have completed 9 college credit hours, and do not need remediation are eligible for this program. To enroll at an eligible postsecondary institution a student must have completed the minimum course prerequisites and all required assessments.

SECTION A: To be completed by student (PLEASE PRINT)

Name of Student _____
 First _____ Middle _____ Last _____

Student College ID # _____ SASID # _____ TSD Student # _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Date of Birth _____ Age _____ Current Grade in School _____

Current High School _____ College Planning to Attend _____

Name of Parent / Guardian _____ Email _____

List course work completed by end of senior year (must show completed 9 credit hours.) Attach all college transcripts.

| | Course Number | Title | Credit Hours | Course Location (H.S. or College) | Counselor Initials |
|-----|---------------|---------------------------------|--------------|-----------------------------------|--------------------|
| MAT | 1240 | Math for Liberal Arts (EXAMPLE) | 4 | FRCC | AB |
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List course work intended to be taken in the Fall semester of student's 5th year. Need 12 credit hours for full time status. Attach Fall course schedule.

| Subject | Course Number | Title | Credit Hours | Course Location (College) | Counselor Initials |
|---------|---------------|-------|--------------|---------------------------|--------------------|
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Alternative Choice (if requested course[s] are not available)

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Attention Student: Prior to adding, dropping or withdrawing from a class, **YOU MUST SEE YOUR COLLEGE ADVISOR** and communicate with your high school counselor.

Attention Student and Parent or Guardian: Your signature on the next section indicates that you wish the above named student to participate in ASCENT program and agree to the following:

- That advice and counsel regarding such participation has been received from your current high school.
- Failure to complete 2 or more courses will also jeopardize continued participation in ASCENT for the second semester.
- The course(s) fit with your Individual Career & Academic Plan (ICAP).
- In compliance with the **Family Educational Rights and Privacy Act (FERPA) of 1974**, the student gives permission to the above noted college to report absences, disciplinary issues, and the release of grades, transcripts, in progress grades, and course schedules, as available, to the above noted high school for the courses enrolled in under the ASCENT program.
- The signatures indicate authorization of my College Opportunity Fund (COF) to the college. I authorize the high school/school district to release my SASID # to the college for the purpose of COF, at institutions which receive COF funding.

Section B: To be signed by student and student's parent/guardian

I understand that this agreement entitles me/my child to enroll in college courses. I understand the following:

1. I will meet the same course expectations and prerequisites as college students, as noted in the course catalog and/or syllabus.
2. The course satisfies college degree or certificate and is in line with the student's ICAP.
3. Course credits may transfer if I earn a "C" or better in a Guarantee Transfer course, or accepted by a postsecondary institution.
4. The grade received in this course will appear on my official high school and college transcripts.
5. If I withdraw from the course at the postsecondary institution after the drop/add date, I will receive a "W" or "F" on my college transcript.
6. With regard to college activities, qualified students may participate in activities but are not eligible for NCAA athletic activities.
7. I will need to register for College Opportunity Funding (COF), and I understand the credits earned will be deducted from the COF lifetime account at institutions which receive COF funding.
8. I understand I may only enroll in Guarantee Transfer courses and/or courses which apply to a specific pathway.
9. I understand the school district will hold my high school diploma until I have completed the ASCENT program.

In signing this agreement, I authorize the college to release my transcript to my school district at the end of the semester and agree to all information under Sections A and B.

Student Signature and Date

Parent/Guardian Signature and Date

**Deliver this form to your high school counselor.
This agreement is student and college specific.**

Section C: Student Eligibility: To be completed by the high school counselor/principal. Check all that apply.

- This student is under 21 years of age.
- This student has successfully completed 9 college credit hours with a "C" or better during high school.
- This student is currently in the 12th grade.
- This student will have met all graduation requirements by the end of his/her senior year.

Approved by High School Counselor Signature: _____ Date: _____

ASCENT Student Information 2024-2025:

Name: _____

High School: _____

Best phone number to be reached at: _____

Best email to be reached at (personal email): _____

This information will be used to reach you during your ASCENT year.

If any of this information changes during the 2024-2025 school year, it is your responsibility to let your counselor and Afton Valerio afton.valerio@tsd.org at the district office know.

Attach the Following Documents:

- Copy of COF Verification**
- Unofficial High School Transcript**
- Unofficial College Transcript (from all colleges where you received credit)**
- Copy of Fall 2024 College Schedule**