



**ILLINOIS CENTRAL COLLEGE
HIGH SCHOOL ENROLLMENT APPROVAL**

This form may be used, in lieu of a letter, by high schools in the Illinois Central College district to grant enrollment approval for high school students. Please print or type.

Student Name: _____

Social Security Number: _____

Phone: _____

Parent/Guardian Name: _____

High School: _____

High School Official Signature: _____
(Counselor, Principal or Superintendent)

Name and Title of High School Official: _____
(Please print or type)

We are granting approval for:

- One specific term (circle one: *Fall* *Spring* *Summer*)
- A specific course or courses (**please indicate**) _____

Permanent approval to take courses while enrolled in high school

Please note: When groups of students are being granted approval, please complete the checklist on back with a list of names, social security numbers and other items. Please remember to sign on the high school approval lines.

