

DUAL REGISTRATION FORM

FIRST TIME STUDENTS MUST APPLY BEFORE REGISTERING

Name (last, first, middle): _____ NCMC Student ID # or _____
 Social Security #: _____
 Address: (street) _____ (city) _____ (state) _____ (zip) _____ (county) _____
 Home phone: (____) _____ Email Address: _____
 Residency: Trenton R-IX ___ Missouri ___ Out-State ___
 High school: _____ Town: _____ High school graduation date: _____

Print information. **Black** or **Blue** pen only.

Course ID number	Course title	Credit hrs.	Instructor
Total Credit Hours			

BY SIGNING BELOW: I plan to pay by credit card. Please bill me for the full amount.

I agree to have transcripts from high school and college sent to NCMC and understand that it is my responsibility to have my NCMC transcripts sent to my high school upon completion of NCMC courses. I agree to abide by all NCMC policies and understand that this is a commitment to enroll at NCMC and I have incurred a financial obligation to NCMC and the suggested minimum amount due is not the total cost of the course. I give permission to NCMC to release course grade information to the principal/counselor at my high school at anytime throughout the length of the course. I also give permission for NCMC to release account, grade, academic status, and course specific information to my parent/guardian whose name is printed below. I certify the information on this form is accurate, and if found to be inaccurate, is just cause for dismissal and/or forfeiture of any fees paid.

Student Signature: _____ **Date:** _____

BY SIGNING BELOW, I understand I have incurred a financial obligation to NCMC which will change dependent upon credit hour addition or reduction.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____ Home phone: _____

Billing Address: (street) _____ (city) _____ (state) _____ (zip) _____ (county) _____

<p>FOR NCMC OFFICE USE ONLY</p> <p>Reviewed By: _____</p> <p>Entered by: _____</p> <p>Date: _____</p> <p style="text-align: center;">Registration:</p> <p>Registered By: _____</p> <p>Term: _____</p>	<p>FOR HIGH SCHOOL OFFICE USE ONLY</p> <p>I have verified that the information below is correct.</p> <p>Principal or official designee signature: _____</p> <p>Cumulative, High School GPA on 4.0 Scale _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">ACT Scores</td> <td style="width: 33%;">Accuplacer Scores</td> <td style="width: 33%;">ASPIRE Scores</td> </tr> <tr> <td>English _____</td> <td>Writing _____</td> <td>English _____</td> </tr> <tr> <td>Math _____</td> <td>Math _____</td> <td>Math _____</td> </tr> <tr> <td>Reading _____</td> <td>Reading _____</td> <td>Reading _____</td> </tr> </table>	ACT Scores	Accuplacer Scores	ASPIRE Scores	English _____	Writing _____	English _____	Math _____	Math _____	Math _____	Reading _____	Reading _____	Reading _____
ACT Scores	Accuplacer Scores	ASPIRE Scores											
English _____	Writing _____	English _____											
Math _____	Math _____	Math _____											
Reading _____	Reading _____	Reading _____											