**Eligibility for Concurrent Enrollment**

| Date: |  |  | From: |  |
| --- | --- | --- | --- | --- |
|  | EF/Academy Coordinator |
| Student Name: |  |  | Student ID: |  |  |
| Student GPA: |  | (For Registrar Use Only) |

*The above named student plans to concurrently enroll in community college. The following criteria have been met:*

* The student is current with meetings and assignments.
* The student is in good academic standing and is eligible to be concurrently enrolled.

*The educational facilitator (EF) and parent or the academy advisor and coordinator have approved any two of the following classes:*

| **Educational Facilitator (EF)/Academy Coordinator/Academy Advisor Use Only** | **Main Office Use Only** |
| --- | --- |
| *Section #* | *Course Name* | *# of Units* | *Grade* | *Reimbursable Amount* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 *Students are allowed to enroll in a maximum of 2 community college classes per semester.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EF/Advisor/Academy Coordinator/Signature Date

Send the Eligibility for Concurrent Enrollment (this form) along with the Concurrent Enrollment Form to the Main Office together.

REPORT OF ACADEMIC CREDITS FOR WORK DONE OUTSIDE THE SCOPE OF THE ACADEMIC CALENDAR OF JCS, Inc.

(Note: courses taken outside the scope of the academic calendar may be granted academic credit, but not attendance credit)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Title of course** | **Grade** | **Credits** | **Comments** | **Teacher** **Initials** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Teacher Signature

**Work Sample Attachments**

Please attach to this report evidence of the skills and achievements learned or accomplished in this course. For academic classes, this should be work samples equivalent to one work sample per credit, showing progression of skills development. If a final exam was taken, a copy of that exam may be attached. For work taken at the community college, a copy of the transcript from the college is sufficient. If the work is not academic in nature, please attach evidence of the quality and depth of the work and the level of achievement.

JCS, Inc.

LEARNING PLAN FOR ACADEMIC COURSES

TAKEN OUTSIDE THE SCOPE OF THE ACADEMIC CALENDAR

(Note: courses taken outside the scope of the academic calendar may be granted academic credit, but not attendance credit)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_

| **Title of Course** | **Academic Credits** | **Materials to be used or special circumstances of the course** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Please list the major concepts, academic or other skills, and abilities which will be addressed in this course: (If this is a core course, the concepts should include those listed in the State content standards)

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Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Facilitator or Advisor Date

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