



1121- Enrollment Services  
P.O. Box 40010  
Lansing, Michigan 48901-7210  
Phone: 517/483-1200 Fax: 517/483-1170

## Home School Approval Form: 16 or 17 Year-old

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ LCC ID #: \_\_\_\_\_ HS graduation year: \_\_\_\_\_

Semester of Attendance: \_\_\_\_\_ Year: \_\_\_\_\_  
Spring (January) Summer (June) Fall (August)

### Note to Parents and Students

This form must be completed for each semester of enrollment until the student reaches age 18 or has completed the senior year of high school. It is the responsibility of the student to provide the Enrollment Services Office with the completed Dual Enrollment Form prior to enrollment in classes. Students who register prior to submitting this form are subject to being dropped from their courses. LCC requires basic skills assessment for all new students. A student may audit or take the course(s) for credit

### Parent/Legal Guardian Approval

I, the undersigned, approve the above-named student to enroll at Lansing Community College. I confirm that my son or daughter will be at least 16 years of age on the first day of the semester and is being home schooled at the eleventh or twelfth grade level. Furthermore, I will assume financial responsibility for any and all costs associated with my child's attendance at Lansing Community College, if not covered by any other means. I waive any claim against Lansing Community College for any injury, loss or damage whatsoever, caused by a third party not currently employed by LCC. I understand that my son or daughter is participating in an adult educational environment and I hereby assume responsibility and hold Lansing Community College harmless for any adverse consequences of that participation. I understand that enrollment is contingent upon an available open seat in the course section selected.

\_\_\_\_\_  
Print Parent/Legal Guardian Name Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date: \_\_\_\_\_

### Student FERPA Disclosure

I hereby allow the release of all aspects of my educational records, directory information (as allowed under the Family Educational Rights and Privacy Act), and student finance information to my parent/legal guardian shown above. All educational/financial records for this semester of attendance may be shared with him/her.

I do not agree to allow my parent/legal guardian to have access to my educational records/directory information/student finance records. I have included a signed non-disclosure form. (The disclosure form can be obtained by contacting the LCC Enrollment Services Department at (517) 483-1200.)

\_\_\_\_\_  
Signature of Student Date: \_\_\_\_\_