

YOUTH DUAL CREDIT AUTHORIZATION

coast
mountain
college



STUDENT'S LEGAL FIRST NAME		STUDENT'S LEGAL LAST NAME	
PEN #		BIRTH DATE	
EMAIL ADDRESS			

PARENT OR LEGAL GUARDIAN

I, the undersigned, give permission for my child to take the following course(s) at Coast Mountain College:

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Parent/Guardian Name	
Parent/Guardian Signature	
Date Signed	

PRINCIPAL OR DESIGNATE

I recommend that the above student take the following course(s) as concurrent studies at Coast Mountain College:

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Is this course to be used to satisfy high school graduation? YES NO

By my signature below, I am verifying that this student is in Grade 11 or 12.

School	
Principal or Designate Name	
Principal/Designate Signature	
Date Signed	

STUDENT - PERMISSION TO RELEASE STUDENT INFORMATION

I agree to Coast Mountain College (CMTN) sharing information with the school and/or my parent(s)/guardian(s) for the duration of the program.

Student's Name (please print)	
Student's Signature	
Date Signed	

Reminder: please attach completed application and high school transcript.