



HIGH SCHOOL CONCURRENT-ENROLLMENT APPLICATION

Additional Documentation Will Be Required If Seeking Full Admission to Aims Community College for Post High School Education

(5401 W 20th Street) PO Box 69, Greeley, CO 80632 (970) 330-8008
 260 College Avenue, Fort Lupton, CO 80621 (303) 857-4022
 104 E Fourth Street, Loveland, CO 80537 (970) 667-4611

www.aims.edu

PLEASE PRINT

FULL LEGAL NAME: Last _____ First _____ Middle _____

AIMS ID _____

Other names used previously at Aims _____

Social Security Number (SSN): _____ - _____ - _____

Not your Employment/Tax Identification number

Ethnicity

American Indian Black Asian/Pacific Islander Hispanic White, Non-Hispanic

Disclosure is voluntary. Aims does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment of employment in its educational programs or activities. Inquiries concerning Title IV, title IX, and Section 504 may be referred to the college affirmative action officer.

DATE OF BIRTH – month, day, year _____

Have you registered with Selective Service?

(Required by Federal law for males age 17 yrs 9 months to 26 yrs)

Yes No

AGE: _____

If no, state reason: _____

GENDER: Male Female

ADDRESS: Physical address and P.O. Box (if applicable) _____

CITY _____

STATE _____

ZIP CODE _____

COUNTY _____

SCHOOL DISTRICT (Where you reside) _____

E-MAIL ADDRESS _____

TELEPHONE: Evening (_____) _____ Cell (_____) _____

Home Campus (on which Aims campus will you take most of your classes?) Greeley Ft. Lupton Loveland

What Term Are You Registering For? Fall Spring Year: 20____

Name of Current High School: _____ City & State: _____

What Grade are you currently in? _____ Anticipated date of graduation from High School (month/year) _____

I certify, under penalty of perjury, that the information I have provided on this form is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient cause for delay of admission, loss of credit, rejection, or dismissal. If asked by an authorized official, I agree to provide proof of the information I have provided.

Student Signature _____

Date _____

If the student is under 18 years of age at the time this application is signed, the student's parent or court-appointed guardian must also sign the application, certifying:

1. Aims Community College may assess, advise, and enroll my student, and may issue and permanently record earned grades,
2. Aims Community College may hold me liable for any tuition, fees or other charges that the school district does not pay, and
3. Aims Community College may hold me responsible for my student's behavior according to college code.

Parent Signature (for students under age 18) _____

Date _____

Print Name of Parent or Guardian signing _____

OFFICE USE ONLY

Complete Every Term Admit Type
 CA: Career Academy
 DE: Other Dual Enroll
 PS: PSEO Need Contract

Recvd By _____

R _____ N _____
 Ret _____ New _____

LTA _____
 Is LTA CE only?
 Y _____ N _____

Prev. App. Date: _____

Ethnicity
 I B A H W

"HS" Hold

Student Age
 "RU" Hold?

No Drop for Nonpayment
 "DF" Hold
 "DS" Hold

Selective Service
 "RD" Hold?

Reminder
 Remove "RH"
 Lawful Presence Hold

Residency
 Unless already fully admitted
 H – Out of Dist
 I – In-District

Campus: G F L

ExpTerm _____

Degree, Major:
 NONE, 0000

SOAHSCH
 Grade C- _____

Anticip. Grad Date _____

Updated 3-5-09



HIGH SCHOOL CONCURRENT-ENROLLMENT REGISTRATION FORM

Check one: Fall Spring
20_____

Please complete the following information.

Name: _____ Aims ID: A _____ - _____ - _____

SSN: _____ - _____ - _____ Birth Date: ____/____/____

CRN	Class Title	Credits	Days	Time	Special Approval

Student
Signature* _____ Date _____

*** I understand it is my responsibility to comply with proper registration, payment, and/or residency changes as described in the Semester Schedule of Classes.**
As required of this program, I also authorize the release of course progress reports and final grades to my high school counselor or designees.

Aims Advisor/Counselor
Signature _____ Date _____

Office Use Only		No Drop for Nonpayment
Entered: _____	<input type="checkbox"/> "DF" Hold <input type="checkbox"/> "DS" Hold	