



# Running Start Application

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## STUDENT INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_

In the event my son/daughter is injured or becomes ill, and the parent/guardian cannot be reached, I hereby authorize the college designee to do what he/she feels is in the best interest of my son/daughter.

\_\_\_\_\_

Student Signature or Signature of Parent/Guardian if student is under age 18

### I HAVE READ AND UNDERSTOOD THE FOLLOWING:

1. Running Start will pay the tuition for college classes numbered 100 or above. And any credits not covered by district.
2. I am responsible for the costs of transportation books, kits, supplies, consumables and fees.
3. I must sign a release form for parents/guardians to receive academic information.
4. My parents/guardians and I understand that college courses may give exposure to alternative viewpoints and may include materials of an adult nature. I understand that I am expected to participate fully in all course activities, including labs, movies and field trips and parent/guardian give permission to do so.
5. I understand that if I wish to add, drop a class I must see the Running Start Advisor and my High School Advisor prior to discuss possible consequences.

\_\_\_\_\_ date \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_ date

Student signature

## To Be Completed by High School

NAME of HIGH SCHOOL: \_\_\_\_\_

The student will enter Running Start as a: Junior \_\_\_\_\_ Senior \_\_\_\_\_

The student is interested in beginning:

- \_\_\_\_\_ Technical Program: (Name of Program): \_\_\_\_\_
- \_\_\_\_\_ College level General Education
- \_\_\_\_\_ Prerequisites for a program: (Name of Program): \_\_\_\_\_

The student is interested in:

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time (may need instructor's permission)

COUNSELOR SIGNATURE/ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_