DMACC Senior Year Plus

Career Academies: https://www.dmacc.edu/careeradvantage/Pages/cadmaccclasses.aspx

Go to online Career Academy Registration: Career Advantage Online Registration

Dmacc offers the opportunity for high school and home-schooled students to enroll in credit courses. The following procedures do not apply to high school age students enrolling under Career Advantage or other special contractual agreements.

Admission of Home-Schooled Students

DMACC offers the opportunity for high school students to enroll in credit courses. **Juniors and Seniors**: Complete steps 1 and 2 below if enrolling as a part-time student. Complete steps 1, 2 and 3 if enrolling as a full-time student. **Freshmen and Sophomores**: Complete steps 1, 2, 3 and 4. Freshmen and sophomores are limited to no more than two credit courses each semester and must remain part-time students.

1. Submit a completed online Online Registration and select "I plan to take only a few classes for personal/professional development" on the application. *Recommended browsers include* Chrome, Firefox and Safari.
2. Complete Next-Generation ACCUPlacer Test and ALEKS math placement or submit ACT scores. Course placement is mandatory based on assessment scores.
3. Submit written statement of approval from a parent or guardian on the Dmacc High School Permission Form and the unsigned Career Advantage Class Schedule form to the Dmacc Advisor. (forms included below)
4. Note: Parents may have their child fill out the Student Consent to Release Information form so that you as a parent can talk with Dmacc about your student's classes etc. (form included below)
5. If you want the school to pay for the classes, then complete the Career Advantage Class Schedule form and have Brian Carico sign it and then give it to Ashley Smith the registrar to send in. (included below)

DMACC
DES MOINES AREA COMMUNITY COLLEGE
Life's Calling™

DMACC HIGH SCHOOL PERMISSION FORM

Return signed form to DMACC Admissions
Mail:
Admissions Office, Bldg. 1
Des Moines Area Community College
Ankeny, IA 50023 *or*
Email: admissions@dmacc.edu *or* Fax: **515-964-6391**

Current Grade
- ☐ 11th or 12th grade
- ☐ 9th or 10th grade
- ☐ Pre-High School
- ☐ Home School { Parent: Sign as 'Parent' & 'K-12 School' below }

Term:
- ☐ Fall
- ☐ Spring
- ☐ Summer

IParents:

We the parents/guardians of _____

(Social Security Number) _____-_____-_____, a student at _____

_____, give permission for our son/daughter to take college credit classes at the Des Moines Area Community College.

We also agree to provide the necessary admissions documents as required by the College and understand that course placement may be mandatory based on his/her ACT or ACCUPLACER® scores.

_____ _____
Parent/Guardian Signature **Date**

This form needs to be submitted **each semester prior to registration.*

K-12 School:

_____, is a student with our school and in good standing. Based on his/her academic performance to date, this student should be able to meet the challenges of a college credit course.

_____ _____ _____
High School Official's Signature **Date** **Title**

DMACC: 11th and 12th grade students do not need DMACC signature.

The aforementioned student has completed all DMACC admissions requirements and met with an Academic Advisor for registration.

_____ _____ _____
DMACC Advisor Signature **Date**

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DMACC
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Career Advantage Class Schedule Form
ON CAMPUS COURSE OPTION

Completed forms returned to Andrea Jacobsen at apjacobsen@dmacc.edu

PART 1 – PERSONAL INFORMATION

PRINT legal name as printed on birth certificate

Name_____
Last First Middle

Address _____
Number and Street City State Zip Code

Home Phone: (____) _____ Cell: (____) _____ Email: _____

Grade Level: ❑Senior ❑Junior ❑Sophomore ❑Freshman Home High School_____Code_____

PART 2 – IDENTIFYING INFORMATION

SSN# _____ Birth Date _____ ❑ Male ❑ Female

PART 3 – ETHNIC/RACE/RESIDENCY INFORMATION

Month Day Year

Are you a U.S. Citizen? ❑ Yes ❑ No If no, what is your country of origin? _____

Are you Hispanic/Latino? ❑ Yes ❑ No Which race are you? (You may check more than one):

❑ American Indian or Alaskan Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or Other Pacific Islander ❑ White

PART 4 – PERSONAL BACKGROUND (Required for state reporting purposes only)

Are you a single parent? ❑ Yes ❑ No Did either of your parents attend college? ❑ Yes ❑ No

Do you use English as your primary reading, speaking, and writing language? ❑ Yes ❑ No

PART 5 – CLASS SCHEDULE INFORMATION Semester: Fall ❑ Spring ❑ Year: _____

CRN	Subject	Course #	Course Title	Credit(s)	Time

PART 6 – AUTHORIZATION FOR REGISTRATION

❑ **I understand that I am enrolling in a DMACC credit course(s). An official DMACC transcript will be generated and become a part of my permanent academic record.**

❑ **I understand it is my responsibility to provide transportation to and from the DMACC campus.**

❑ **My parents or guardians have given approval for my enrollment in this on campus program.**

Student's Signature_____ Date_____

I verify that the student identified in Part 1 is accurate and eligible for participation in this senior year plus program.

High School Official Name (printed) _____ Title _____

High School Official Signature _____ Date _____

Email Address _____ Daytime Phone Number _____

DMACC
DES MOINES AREA COMMUNITY COLLEGE
Life's Calling

Career Advantage Class Schedule Form

ONLINE

Completed forms returned to Megan Mudd at mjmudd@dmacc.edu

PART 1 – PERSONAL INFORMATION

PRINT legal name as printed on birth certificate

Name _____
Last First Middle

Address _____
Number and Street City State Zip Code

Home Phone: ( ) _____ **Cell:** ( ) _____ **Email:** _____

Grade Level: ☐Senior ☐Junior ☐Sophomore ☐Freshman **Home High School** _____ **Code** _____

Plans after high school: ☐DMACC ☐Military ☐Undecided ☐Work Other College/Institution: _____
Seniors only

Program of Interest or Major of Study: _____

PART 2 – IDENTIFYING INFORMATION

SSN# _____ **Birth Date** _____ ☐ Male ☐ Female
Month Day Year

PART 3 – ETHNIC/RACE/RESIDENCY INFORMATION

Are you a U.S. Citizen? ☐ Yes ☐ No If no, what is your country of origin? _____

Are you Hispanic/Latino? ☐ Yes ☐ No Which race are you? (You may check more than one):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

PART 4 – PERSONAL BACKGROUND (Required for state reporting purposes only)

Are you a single parent? ☐ Yes ☐ No Did either of your parents attend college? ☐ Yes ☐ No Is English your first (native) language? ☐ Yes ☐ No

PART 5 – CLASS SCHEDULE INFORMATION Semester: Fall ☐ Spring ☐ Year: _____

CRN	Subject	Course #	Course Title	Credit(s)	Time

PART 6 – AUTHORIZATION FOR REGISTRATION

I understand that I am enrolling in a DMACC credit course(s). An official DMACC transcript will be generated and become a part of my permanent academic record.

Student's Signature _____ Date _____

Instructional Coach provided by High School _____ Date _____

Rev. 10-16

Are you currently on an IEP or 504 plan at your high school? ☐ Yes ☐ No
(If "yes," a current copy of your plan must be attached with this registration form.)

7859-10-16-J

DMACC
DES MOINES AREA COMMUNITY COLLEGE

Student Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g, et. seq.) requires written consent to disseminate personally identifiable education records of any student.

Student First Name	Middle Initial	Last Name	DMACC ID No.
Permanent Address	**City**	**State**	**Zip Code**

By my signature below, I give permission for DMACC to release the information selected on this form to the person(s) indicated.

This authorization shall remain in effect for five (5) years or until the date of my DMACC graduation, as well as rescinded by me. I understand that I may rescind this authorization by submitting a second form and selecting the "Cancel Release To:" option or by submitting another form of revocation in writing with my signature.

► **IMPORTANT** ◄ Student: You must designate a four digit pin number in order for the person(s) indicated below to access your information if and when they request the information remotely, for example, by phone. It is your responsibility to share the four digit pin with the person(s) for whom the access is being granted in order for their identity to be validated. This extra layer of security has been implemented by DMACC to protect your information.

Write Your Four Digit Pin Number Here (numbers only):_____.

X	Select the items of information that you give permission to release:
	Billing and Payment Information - Examples: tuition/fee balances, financial holds, mailing/billing addresses, payment plans, accounting statements, collections/debt information
	Admission and Registration Information - Examples: application dates, programs selected, documents received/pending, dates of enrollment activity, status, and/or verification, residency status, semesters attended, mailing address information, class schedule
	Academic Records - Examples: transcript, courses taken, grades received, GPA, academic progress, honors, transfer credit award, degrees awarded
	Financial Aid - Examples: student only data, financial aid application, financial aid award
	All Records - Includes all items of information as detailed above
	Other - *Instead of designating one of the broad categories described above, you may indicate in the space below an individual record or narrower set of records to be released (i.e. letter of rec):*

X	Name (*Note: you may designate either an individual party or a class of parties to receive these records.*)	Relationship (*Circle One: P=Parent, G=Guardian, S=Spouse, O=Other*)	Date of Birth (if individual)
	Release To:	P G S O	
	Cancel Release To:		
	Release To:	P G S O	
	Cancel Release To:		
	Release To:	P G S O	
	Cancel Release To:		
	I Do:	Request a copy of the records disclosed pursuant to this release.	
	I Do Not:		

Student Signature:	Date:
Witness Signature:	Date:

Ankeny Campus
2006 S. Ankeny Blvd.
Ankeny, IA 50021-3993
515-964-6200

Boone Campus
1125 Hancock Dr.
Boone, IA 50036-5399
515-432-7203

Carroll Campus
906 N. Grant Rd.
Carroll, IA 51401-2525
712-792-1755

Newton Polytechnic Campus
600 N. 2nd Ave. W.
Newton, IA 50208-3049
641-791-3622

Urban/DSM Campus
1100 7th Street
Des Moines, IA 50314-2597
515-244-4226

West Campus
5959 Grand Ave.
WDM, IA 50266-5302
515-633-2407