



This form must be completed by the high school to certify compliance with the provisions of the Academic Enrichment program. Permission from the principal (or designee) is required to authorize 11 -12th grade students to enroll in Sierra College courses. We encourage schools to name at least two designees to sign in addition to the principal.

This form is valid for one academic year (Fall Semester, Spring Semester, and Summer Session).

****Sierra College is not responsible for monitoring course selections.****

School Information:

Please Check One:

- Public School, Public Charter School, or Public Home School:** Students must meet minimum day attendance requirements.
- Private School:** Students are exempt from the minimum day attendance requirements according to Education Code.
- Private Home School** (*current affidavit must be submitted along with this compliance form*): Students are exempt from the minimum day attendance requirements according to Education Code.

Academic Year Form is valid for (Ex. 2017-2018): _____

School Name: _____ **Phone Number:** (____) _____

Principal's Email Address: _____

Designee's Email Address: _____

School Mailing Address: _____

High School Principal (or designee) Certification:

- I understand that students must demonstrate the ability to benefit from college instruction to be recommended for the Academic Enrichment Program and that some courses are restricted
- I understand that Sierra College is not responsible for monitoring course enrollment; Students are advised to consult with their High School Counselors for appropriate course selection
- I certify that I will not claim K-12 apportionment/ADA during the time period that approved students are attending Sierra College classes
- I certify that I have read and understand the Education Codes pertaining to K-12 students who enroll at community colleges

Principal's Signature: _____ **Date:** _____

Print Name: _____
Last First MI

School Counselor/Administrator Signature: _____ **Date:** _____

Print Name: _____
Last First MI

School Counselor/Administrator Signature: _____ **Date:** _____

Print Name: _____
Last First MI

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Print Name: _____
Last First MI

School Counselor/Administrator Signature: _____ Date: _____

Print Name: _____
Last First MI

- Please attach an additional page if more designee signatures are needed.

Admissions & Records Use only:
Date Proceed _____ Initials: _____