



ANGELINA COLLEGE
HIGH SCHOOL CONCURRENT
REGISTRATION/ADVISING FORM

High School:

Grade Level:

Semester: _____

AC ID#: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail _____

Angelina College Advisor Signature: _____ Date: _____

TESTING SCORES (score reports must be sent to Angelina College)

TSI: Reading: _____ Math: _____ Writing: _____ Essay: _____

STAAR English II _____ **SAT:** EBRW: _____ Math: _____ **ACT:** Composite: _____ Math: _____ English: _____

ZAP	COURSE	TITLE	DAYS	TIME	HOURS
(_____)	_____	_____	_____	_____	_____
(_____)	_____	_____	_____	_____	_____
(_____)	_____	_____	_____	_____	_____
(_____)	_____	_____	_____	_____	_____
(_____)	_____	_____	_____	_____	_____
(_____)	_____	_____	_____	_____	_____

Requirements for Enrollment at Angelina College:

1. Complete your AC application at applytexas.org. Complete the Apply Texas Profile then submit the application to AC.
2. A student can only enroll in courses for which he/she meets the TSI prerequisites.
3. High school transcript, test scores, updated bacterial meningitis, and this signed form **must be received by AC prior to registration**.
4. Payment for course(s) must be made prior to posted deadline.
5. Students must maintain the GPA requirements outlined in the AC General Bulletin.

I understand the requirements listed above. I understand my enrollment is complete only upon full payment prior to the payment deadline. I understand that it is my responsibility to withdraw officially if I decide not to attend. I give permission for Angelina College and the designated high school officials to share my college and high school academic records. I give permission for my parent or legal guardian to discuss my grades, attendance, and other information regarding my enrollment/performance with AC faculty or employees. I give permission for the high school to send all necessary documents for enrollment.

DATE: ____/____/____ STUDENT: _____

I give permission for the above student to register for college classes offered through Angelina College and give the high school permission to send all necessary documents for enrollment. Unless other arrangements have been made between the school district and Angelina College, I will be responsible for the payment of the costs incurred, including tuition, fees, and textbooks.

DATE: ____/____/____ PARENT: _____

As a school official, I approve the above student to take courses. I agree to send all necessary enrollment documents. The student meets the criteria for the course(s) and meets the high school's requirements for college enrollment

DATE: ____/____/____ HS COUNSELOR: _____