

Overview

(The Contents of This PowerPoint)

- **How to Apply Online to Feather River College**
- **High School Co-Enrollment Form**
- **Feather River College's Liability and Medical Consent Form**
- **Checklist of Necessary Enrollment Tasks**



How to Apply to Feather River College:

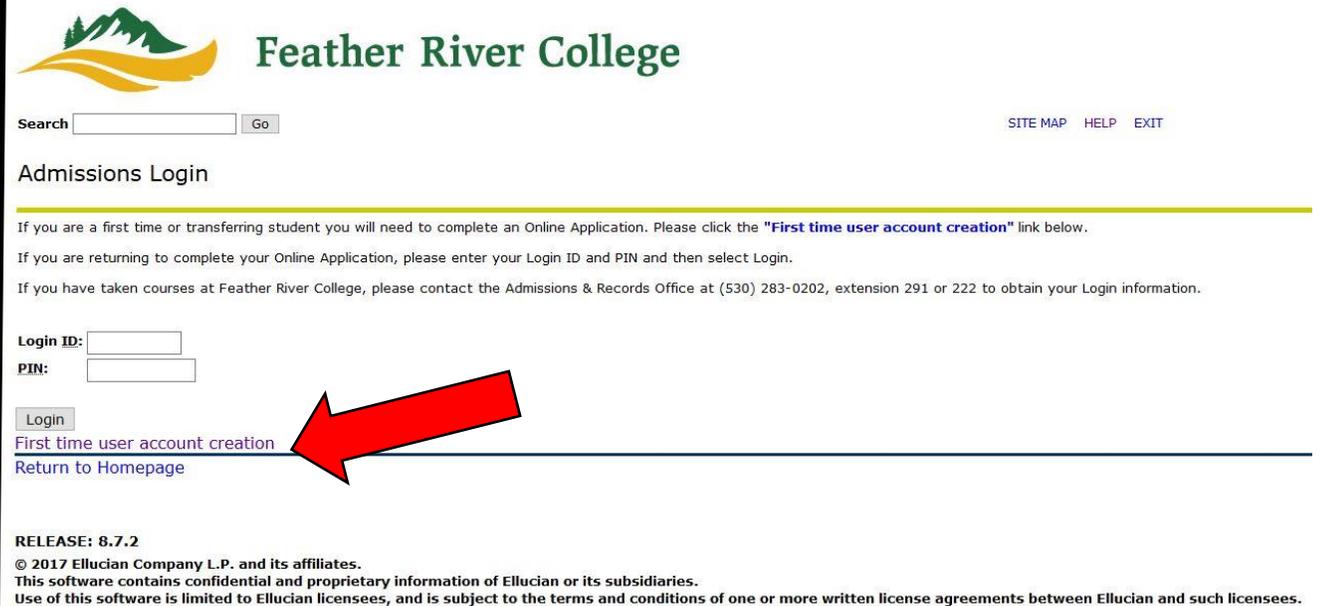
Step 1: Visit Feather River College's Website at www.frc.edu

Step 2: Hover over the admissions tab, then click on the "Apply Now" button (see image lower left)

Step 3: Create User Account and Follow onscreen prompts (see image lower right)

Step 4: Use your new student ID# to enroll in the classes you are interested in

Contact admission and records if you have any enrollment issues: (530) 283-0202 x222



High School Co-Enrollment Form:

Step 1: Fill out page 3 in its entirety

Step 2: Obtain the Following Required Signatures on page 4 (see image below)

Pg 3:

ADMISSIONS & RECORDS OFFICE
570 Golden Eagle Avenue
Quincy, CA 95971
(530) 283-0202
Fax: (530)-283-9961

Feather River College

High School Co-Enrollment Student Permit/Registration Form

Date _____ FRC ID # or SS #: _____

Last Name First Initial

Mailing Address: PO Box/Street Address City State Zip

Phone () - Email Address _____

Grade Level _____ Name of School _____

Semester for which you are registering: Fall Spring Summer '20

RESIDENCY:
If you are **19 or OLDER**, answer questions 1-4 as they pertain to yourself. If you are **UNDER 19** and not married, answer these questions as they pertain to your parents.

1. Have YOU lived outside California during the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO	1. Have your PARENTS lived outside California during the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. In the last two years have YOU registered to vote or petitioned for divorce in a state other than California? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. In the last two years have your PARENTS registered to vote or petitioned for divorce in a state other than California? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. In the last two years, have YOU declared non-residence for income tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO	3. In the last two years, have your PARENTS declared non-residence for income tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. In the last two years, have YOU attended a state college or university as a resident of another state? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. In the last two years, have YOUR PARENTS attended a state college or university as a resident of another state? <input type="checkbox"/> YES <input type="checkbox"/> NO

U.S. Citizen Yes If you are **NOT** a U.S. Citizen: Alien Registration # _____ Date Issued: _____
 2. ... Permanent Resident
 3. ... Temporary Resident (Amnesty)
 4. ... Refugee/Asylum
 5. ... Student Visa (F-1, M-1, VISA)
 6. ... Other Status: _____

If not a U.S. Citizen, **COUNTRY** of permanent address: _____
 If not a California resident, **STATE** of permanent address: _____
 If not a Plumas County resident, **COUNTY** of permanent address: _____

Is English your primary language? YES NO GENDER: M=Male F=Female Birth Date: ____/____/____
 Month Day Year

Student Ethnicity:
 A. Asian F. Filipino P. Pacific Islander
 AC. Chinese H. Hispanic PG. Guamanian
 AI. Asian Indian HM. Mexican, Mexican PH. Hawaiian
 AJ. Japanese AM. American, Chicano PS. Samoan
 AK. Korean HR. Central American PX. Other Pacific Islander
 AL. Laotian HS. South American TW. White/Non-Hispanic
 AM. Cambodian HN. Other Hispanic W. Decline to state
 AV. Vietnamese N. American Indian WD. Decline to state
 AX. Other Asian O. Alaskan Native
 B. African-American O. Other Non-White

PLEASE COMPLETE REVERSE SIDE →

If taking academic courses such as English or Math an Assessment Test is required.

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Please contact the Assessment Test Coordinator at (530) 283-0202 ext. 313 to schedule an appointment.
(For non-academic courses such as Health & Exercise, Theatre, etc., assessment may be waived.)

Course #	CRN#	Course Title	Day	Time	Units

Assessment Waived

APPROVAL OF ASSESSMENT TEST ADMINISTRATOR

Signature: _____ Date: _____

APPROVAL OF FRC COUNSELOR

Signature: _____ Date: _____

APPROVAL OF PARENT / GUARDIAN

Signature: _____ Date: _____

APPROVAL OF SCHOOL PRINCIPAL

Signature: _____ Date: _____
 Initials of Principal: _____

Summer Concurrent Enrollment Limitations:
 Per Ed Code 49800 (d)(2) please verify that enrollment is not more than 5% of total number of pupils who have completed this grade level immediately prior to Summer. Verified

Instructor's Signature: _____ Date: _____
 (for students below 11th grade)

I certify that the information on this application is correct, and I understand that falsification may result in my dismissal from Feather River College. I understand that the information on this form and my final grades/transcripts will be made available to my school official.

STUDENT

Signature: _____ Date: _____
 Due to higher education rules concerning confidentiality of college students, registration for courses is to be conducted personally by the High School student not by a proxy. Please proceed to the Admissions and Records Office to officially register and pay your fees.

APPROVAL OF REGISTRAR

Signature: _____ Date: _____

OFFICE USE:
 SOAHOLD Admissions _____ Date: _____

Revised 7.8.16, 8.22.14 L11

Parent/Guardian



High School Principal



Student



Liability and Medical Consent (Cont.):

Pg 3:

Feather River Community College District
RELEASE OF LIABILITY AND MEDICAL CONSENT FORM
Hazardous Activities Class

I, the undersigned, certify that I desire to participate in the following _____ (SES):
Semester & Year (Example: Fall 2003) _____

Course No. _____	Course Name _____	Instructor _____	Course Index # _____
Course No. _____	Course Name _____	Instructor _____	Course Index # _____
Course No. _____	Course Name _____	Instructor _____	Course Index # _____

I understand that participation in this class and its activities is voluntary. It is further understood that the class and its activities, by their very nature, pose a high degree of risk of injury or illness, including death, and that I willingly and knowingly wish to participate in spite of these risks.

In consideration of the benefits provided by the Feather River Community College District, I hereby agree that neither I, my successors, assigns, nor anyone acting on my behalf will make a claim against or sue the SCHOOL DISTRICT, its officers, agents, employees, or volunteers for injury or damage resulting from the condition of any facility, or the negligence, carelessness or other acts howsoever caused by the DISTRICT or any of its officers, agents, employees or volunteers as a result of my participation in the class, and its activities.

In addition, I hereby release the DISTRICT, its officers, agents, employees and volunteers from all claims or lawsuits that I, my successors, assigns, or anyone acting on my behalf may now have or hereafter at any time have for injury or damage: 1) Resulting from the dangerous or other condition of any DISTRICT facility or property; 2) Suffered by me while participating in or traveling to and from, the class and its activities; or 3) Suffered by me in any other activity associated with the class and its activities.

I agree that the DISTRICT makes no representations or warranties as to the repair or condition of the property, equipment or facilities, which I will be using, and I take such property, equipment and facilities AS IS. I further agree that it shall be my obligation, not the DISTRICT's, to assure that the property, equipment and facilities are in proper and safe condition for the purpose anticipated herein; and that it shall be my obligation and duty, and not the DISTRICT's, to inspect such property, equipment and facilities before they are used, and to take affirmative steps to repair, or where necessary, warn in order to prevent injury to person or property.

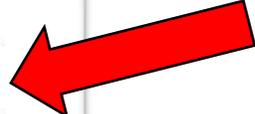
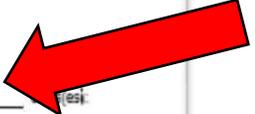
I have carefully read this agreement, and fully understand its contents. I am aware that this is a Release of Liability, Medical Consent Form and a legally binding contract between the Feather River Community College District and me, and I sign it of my own free will.

MEDICAL CONSENT
Participant has no known medical condition(s), which may pose a risk to the health and safety of Participant or others by participating in the activities. Participant agrees to advise the District in writing of any medical, physical or health condition that may be affected or in any way jeopardized by participating in the activities. In the event of any medical emergency, Participant authorizes and consents to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the District program supervisor deems necessary for the safety and protection of the Participant.

Participant's Name: _____ Phone No.: _____
Participant's Address: _____
Participant's (Adult Student) signature: _____
If student is a MINOR,
signature of parent/guardian: _____ Date: _____

(over)

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Pg 4:

Feather River Community College District
RELEASE OF IMAGES AND MEDIA FORM

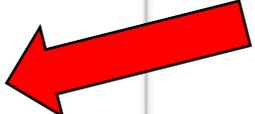
I grant permission to Feather River College and its employees and agents, to take and use visual images of me. Visual images are any type of photographs, digital images, drawings, renderings, video recordings or accompanying written descriptions. I agree that the photographer owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such college sponsored web sites, publications, promotions, advertisements, and posters, as well as for non-college uses. I waive any rights to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release FRC and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use the images, or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its content, and I freely accept the terms.

Printed Name _____ Telephone or email address _____
Signature _____ Date _____
Address _____ City _____ Zip _____

Office Use Only:
Project Name: _____
Photographer Name: _____ Signature: _____
Notes: _____



Checklist of Necessary Enrollment Tasks:

- I have applied to be a Feather River College student using the online registration process
- I have filled out page 3 of the “High School Co-Enrollment Form” as well as obtained the listed signatures on Page 4
- I have read and understand the Feather River College Student Travel Form (pg.1), Medical Consent and Disclosure Form (pg.2), Release of Liability Form (pg.3), and Image Use Release Form (pg.4)