

Advanced Opportunities

Parent's/Guardian's Signature

Verification for Students at Workforce Training Center

www.nic.edu/wtc

CTE Workforce Training Course Dual Credit Authorization Form

The CTE dual credit program allows students to take NIC courses offered by the Workforce Training Center for federally registered apprenticeship programs prior to high school graduation. The high school, not North Idaho College, determines if courses will satisfy high school graduation requirements. Therefore, my student agrees to meet with his or her high school counselor prior to registering for NIC classes each semester.

Stud	lent Infor	<u>mation</u>			
Lega	l Name	First	Middle	Last	
Date	of Birth		Personal Email		
High	School _	MM/DD/YY		Cell Phone ()	
Class	s Request _				
Pare	ent/Guard	lian Acknowle	dgement		
1.				Training Dual Credit program. I understand the information on this ntil he/she graduates from high school or is no longer eligible for dual	
2.	I understand that my student's account will be assessed tuition on a per course basis which may not exceed \$500 per course and \$1000 per year. Additional fees may be assessed for labs, equipment, etc. Tuition and course fees must be paid according to NIC Workforce Training's payment schedule.				
3.	I understand that my student will be responsible for registering, dropping, adding, and withdrawing from courses according to CTE Workforce Training timelines. Failure to meet deadlines may result in my student being dropped from classes or owing for classes they did not drop.				
4.	I have read and understand the FERPA privacy law at www.nic.edu/ferpa .				
	The Far records Essentia officials student.	mily Educationa and is enforced ally, the act state s" may not discl	by the Family Policy Compliance es that 1) "students" must be permi ose personally identifiable informa	a federal law designed to protect the privacy of education Office of the U.S. Department of Education (FPCO). tted to inspect their own "education records" and 2) "school ation about a students without written permission from the	
6.	Release High scho pay the NI insurance, Workforce Some of the	e of Information of students attended to Insurance feet individually, one Training Cour	n. nding NIC (on or off campus) are n e. I expressly acknowledge that it i r as a part of an organization and th	note their parents/guardians must complete a Consent for not covered by NIC accident insurance as dual credit students do not as my responsibility to ensure that my child is covered by medical nat NIC will not provide such coverage. The ester, they can begin and end at any point throughout the year. They are they early such as the 4 weeks long.	
	Students en information	-	lege or university other than NIC v	vill need to transfer their NIC Apprenticeship	
•	The institu	tion where a stu	dent may attend makes the final de	ecision about acceptance of courses.	
•	It is the stu	ident's responsi	bility to check with the receiving in	nstitution on the transferring of dual credits.	
Stu	dent's Sign	ature		Date	
	I acknow	ledge I will me	et with Workforce Advisor to asser	ss my progress at the midway point in the program I have chosen.	

Date

Counselor Approval

I confirm that this student is eligible to participate in the Dual Credit Program at start of the semester or has successfully completed a minimum of one-half of the by the high school and is considered to be academically capable of completing	e high school graduation requirements as certified				
Student's Age Student's Cumulative HS GPA Student's Anticipat	red Date of HS Graduation: Month/Year				
One half of student's HS requirements are met: Yes No Stud	ent EDUID #				
Yes No This student is a CTE dual credit student and meets the requ					
Yes No This student is a CTE dual credit student and meets the required 2.0 minimum cumulative high school GPA. Yes No This student is under 16 years old at the start of the semester and is taking dual credit in their district high school and will not be attending classes on an NIC campus.					
I, the undersigned counselor, understand that the student is responsible to meet vector for NIC courses so that I can advise him/her of applicability for high school cred	1 0				
School Official's Signature	Date				
Name of High School					