

LAWRENCE DIPLOMA COMPLETION PROGRAM

711 W. 23rd St. Suite 6
Lawrence, Ks. 66046
Phone: 785-830-9119
Fax: 785-830-9229

Senior For Credit - Program Permission Form

COUNSELOR'S SECTION:

_____ is approved to enroll in the following course(s).

_____ 1st semester 2nd semester (circle one)

_____ 1st semester 2nd semester (circle one)

(Counselor's Signature)

(School)

(Date)

STUDENT/PARENT SECTION

I have read the information attached. I agree to abide by the policies of Lawrence Diploma Completion Program (LDCP), and follow the directions of the staff.

I agree to pay \$125.00 for each semester course before I begin work on the course. I recognize that all fees are non-refundable. Payment must be made at the LDCP with cash, or check. Checks are to be payable to SCKESC. (South Central Kansas Educational Service Center)

I recognize that I am responsible for my own transportation, and these arrangement are to be made before I come to the LDCP.

I am aware that all work must be completed by May 1st, unless my counselor sets a different date. If all work is not completed by the deadline, no credit will be given, and no money will be refunded.

IF THE STUDENT IS 18 OR OLDER: I **do do not** give permission for my parents/guardians to receive information about my progress, attendance, and grades at LDCP.

(Student Signature)

(Student's SSN)

(Student's Birthdate)

(Parent or Guardian Signature – If student is not 18)

(Date)

Student's Name (printed): _____

Address (Street, City, and Zip): _____

Telephone Number: _____

Enrollment is permitted only after this form has been completed by the counselor.