

# PARENTAL CONSENT FORM

## MINOR STUDENT ENROLLMENT

As the parent (or legal guardian) of \_\_\_\_\_,  
(Student's Name - please print clearly.)

I hereby consent to his/her enrollment as a student at Washtenaw Community College ("College").  
In addition to such consent, I hereby acknowledge and accept the following conditions of enrollment:

1. My child will be subject to the rules, regulations, and policies of the College.
2. My child will be interacting socially with adult, college students and the College is not responsible for these social interactions.
3. My child may be exposed to discussions, readings, and visual material of a mature nature and will be expected to conform to the same performance standards as any other college student as set forth in course outlines and syllabi.
4. The College and its employees, faculty, agents, students, and trustees shall not be responsible for the supervision and individual monitoring of my child while in attendance at the College.

Student's WCC ID Number: \_\_\_\_\_

**\*\*Submit this form prior to admission to the College.**

### Parent (or legal guardian) Information:

Name: \_\_\_\_\_  
(Please print clearly.)

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:**

**Washtenaw Community College** 4800 E. Huron River Drive Ann Arbor, MI 48105  
PH: 734.973.3543 • FAX: 734.677.5408 • [www.wccnet.edu](http://www.wccnet.edu)