



Parental Consent Form Minor Student Enrollment

Submit this completed form to studrec@wccnet.edu prior to admission to the College

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:

My child will be subject to the rules, regulations, and policies of the College.

My child will be interacting socially with adult, college students and the College is not responsible for these social interactions.

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.

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: _____ Student's DOB: _____

Parent (or legal guardian) Information:

I agree with the above statements Parent Name: _____
(Please print clearly)

Address: _____ Phone No: _____

Parent Signature: _____ Date: _____

For Office use only:

SAAADMS _____ SOAHOLD _____ Initial _____ Date _____