

Must be completed prior to enrollment if student is age seventeen (17) or younger



PARENTAL CONSENT AND WAIVER
FOR HIGH SCHOOL GRADUATES AGE
SEVENTEEN (17) OR YOUNGER

As a condition to be enrolled as a student within Lone Star College (“LSC”), I, _____, (“Student”) understand that it is my responsibility to complete this form truthfully and accurately to the best of my ability. I further agree to notify immediately and in writing the LSC Admissions and Financial Aid Offices of any circumstances that may change.

I understand that if I am admitted under this program, that a college level standard of conduct is required, It is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSC, and standards set forth in the course syllabus. I understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school.

Signature of Student

_____ Date _____ Student ID _____

To be Completed by Parent or Legal Guardian

I, _____, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named Student to enroll in classes at LSC.

- I acknowledge that Student’s use of the facilities may expose Student to hazards or risks that may result in Student’s illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. In consideration of Student being permitted to participate in courses at LSC and use the LSC facilities (“facilities”), I, on behalf of myself and Student, hereby waive rights to sue, assume all risks and release the College, its trustees, and employees from all claims for injury, illness, death, property damage, or other loss arising from Student’s participation in courses or use of the facilities.
- I understand the student will be responsible for any charges remaining on his/her account not covered by any applicable waivers and is subject to LSC’s Student Financial Responsibility Agreement: [www.lonestar.edu/departments/financetreasury/LSCS Financial Responsibility Agreement.pdf](http://www.lonestar.edu/departments/financetreasury/LSCS%20Financial%20Responsibility%20Agreement.pdf)
- I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs.**
- I understand that once the student is registered in a college course, he/she is under the rules of the Family Educational Rights and Privacy Act (FERPA) and may not have access to my student’s records without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- My child is aged 15 years and under, and by checking this box, I will assure that I (parent, legal guardian, or authorized responsible adult) will be available on the college campus (but not in the student’s classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.

My signature below acknowledges that I have read and understand the policies above.

Parent / Guardian Signature _____
Date

Signature of Parent/Guardian Date

Name of Parent/Guardian

Note: Signed original to be retained as a Student record.

Note: Modification of this Form requires approval of OGC