



**SANTA ROSA  
JUNIOR COLLEGE**

**MIDDLE SCHOOL SPECIAL ENROLLMENT STUDENT INFORMATION SHEET**

STUDENT INFORMATION		
STUDENT'S SRJC SID NUMBER (if KNOWN):		TODAY'S DATE:
STUDENTS NAME: LAST/FIRST/MIDDLE		PARENT'S NAME:
BIRTHDATE: / /	PRIMARY PHONE NUMBER: ( ) -	SECONDARY PHONE NUMBER: ( ) -
ADDRESS:		
STUDENTS CURRENT GRADE LEVEL:		SCHOOL CURRENTLY ATTENDING:
HIGH SCHOOL STUDENT PLANS ON ATTENDING:		

COURSE INFORMATION		
<i><b>PLEASE NOTE:</b></i> PLACEMENT TESTING MAY BE REQUIRED FOR SOME COURSES PRIOR TO APPROVAL		
COURSE TITLE:	SECTION NUMBER:	IS THERE A PREREQUISITE FOR THE COURSE? IF SO, LIST:

**STUDENT'S STATEMENT** OF NEED FOR A COLLEGE LEVEL COURSE:

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<p><b>STUDENT MUST ATTACH THE FOLLOWING DOCUMENTATION TO THIS FORM:</b></p> <ol style="list-style-type: none"> <li>1. Application for Admission. Students who are 12 years of age or younger need to complete a paper Application for Admission obtained at A&amp;R office. Students 13 years of age or older should apply online: <a href="http://www.santarosa.edu/apply">www.santarosa.edu/apply</a>.</li> <li>2. High School Concurrent Enrollment Form</li> <li>3. A letter of recommendation to support your enrollment at SRJC. This letter should be written by your school principal and/or counselor on official school letterhead, and should verify an exceptional need.</li> <li>4. Please provide most recent test scores and/or report card.</li> </ol>
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OFFICE USE ONLY APPOINTMENT (IF NEEDED)	
DAY/TIME:	
COMMENTS:	
<input type="checkbox"/> APPROVE      Department Chair Signature: _____ Date: _____	
<input type="checkbox"/> DENY            Director's Signature: _____ Date: _____	