



Registration/Permission for High School Student Enrollment in Dual Credit Classes

Fall Semester 20_____ Spring Semester 20_____ Summer 20_____

Student Kish ID _____ Date of Birth _____

Student Name _____
Last First Middle

Student Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ High School _____

I wish to register for the following credit course(s) at Kishwaukee College:

Prefix-Number-Section	Title	Credit Hours	Date