GRANADA HILLS CHARTER
HIGH SCHOOL

CONCURRENT ENROLLMENT FORM
(Community College Concurrent Enrollment Requires the Community College Form to be attached to this form.)

Student Name: ___________________________ DOB: ___________ ID: __________________

Class Title: ___________________________ Class Title: __________________

Name of School Authorized: ___________________________

Do you want the class to be added to your GHC transcript? YES NO

The student is taking this course with counselor recommendation YES NO

Reason if NO:

________________________

By signing this form, I understand and shall comply with the following:

• The above-named student is requesting to take a class at another accredited institution while enrolled at GHC.
• When grades are provided directly to GHC, the student will not need to submit a transcript. If the grades are not provided directly to the school, the student and parent/guardian understand that an official transcript in a sealed envelope must be submitted to the counselor.
• The student and parent/guardian understand that grades posted to the GHC transcript cannot be removed.
• The student and parent/guardian understand that students will not receive credit for a class for which prior written permission from the counselor was not given.
• GHC is not responsible for fees, tuition, books, grades and or any other issues with regards to the enrollment and instruction at the above-named school.
• College classes are given an extra .5 GPA points.
• No more than six college classes shall be recorded on the GHC transcript.
• Students who take classes at Independent Study should be aware that classes may not meet UC/CSU requirements.
• GHC will not accept courses from non-accredited schools.

________________________
Student Signature

________________________
Date

________________________
Parent/Guardian Signature

________________________
Date

________________________
Counselor Signature

________________________
Date

For Office Use Only:  Date the class was entered into eSchool _______  Counselor Initials: _______

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