



Return signed form to DMACC Admissions

Mail:
Admissions Office, Bldg. 1
Des Moines Area Community College
Ankeny, IA 50023
or
Email: admissions@dmacc.edu or Fax: 515-964-6391

DMACC HIGH SCHOOL PERMISSION FORM

- | | | | |
|-----------------------|---|--------------|---------------------------------|
| Current Grade: | <input type="checkbox"/> 11 th or 12 th grade | Term: | <input type="checkbox"/> Fall |
| | <input type="checkbox"/> 9 th or 10 th grade | | <input type="checkbox"/> Spring |
| | <input type="checkbox"/> Pre-High School | | <input type="checkbox"/> Summer |
| | <input type="checkbox"/> Home School {Parent: Sign as 'Parent' & 'K-12 School' below} | | |

Parents:

We the parents/guardians of _____
(Social Security Number) _____ - _____ - _____, a student at _____
_____, give permission for our son/daughter to take college credit
classes at the Des Moines Area Community College.

We also agree to provide the necessary admissions documents as required by the College and understand that course placement may be mandatory based on his/her ACT or ACCUPLACER® scores.

Parent/Guardian Signature _____
Date

This form needs to be submitted **each semester prior to registration.*

K-12 School:

_____, is a student with our school and in good standing. Based on his/her academic performance to date, this student should be able to meet the challenges of a college credit course.

High School Official's Signature _____
Date _____
Title

DMACC: 11th and 12th grade students do not need DMACC signature.

The aforementioned student has completed all DMACC admissions requirements and met with an Academic Advisor for registration.

DMACC Advisor Signature _____
Date