



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