eStart Registration Form - Modified Fall 2020

COMMUNITY COLLEGE system of New Hampshire

Please type your information, print, sign in ink, and submit by**:** September 28, 2020.
For Art History: Prehistoric to Gothic - ARTS131L submit by: October 26, 2020.

Student Information

☐ **I am a NH resident**   **Only NH residents are eligible for eStart courses.**

College ID # (if known) [ ]   First Name [ ]   Middle [ ]   Last Name [ ]

Address [ ]   City [ ]   State [ ]   Zip [ ]

Phone (Home) [ ]   Work [ ]   Cell [ ]

Email* [ ]   Social Security # (Required)** [ ]

*Students will be issued a CCSNH email account, which will be used for all college communication.

** For compliance purposes, the Community College System of New Hampshire and its Colleges collects names and social security numbers from all students attending the college. For example, the Internal Revenue Code requires the college to produce a 1098-T tax form. The college's use of social security numbers will be limited to legitimate educational purposes. The college will ensure the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws or applicable policies.**

High School Information

I attend (Check one)**:**   ☐ Public High School   ☐ Private High School   ☐ Home School

Name of High School: [ ]

Your grade level for the Fall 2020 semester: ☐ 9   ☐ 10   ☐ 11   ☐ 12   ☐ Home School

Federal Governmental Statistical Information: Sex: ☐ Female   ☐ Male   Date of Birth (MM/DD/YY): [ ]

Ethnic Background: [ ]   Place of Birth: [ ]

Financial Obligation Statement: I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Registrations will **NOT** be processed if you have an outstanding financial obligation to CCSNH**.**

Payment is required at the time of registration.

Current eStart tuition cost per course: $150**.**

Tuition cost does not include the cost of textbooks or other course materials.

Tuition for STEM Scholarship eligible courses will be refunded after the completion of the course.

Refund Policy: Students who officially withdraw from a course on or before October 05, 2020 will receive a 100% refund of their eStart tuition. Refund date for Art History is November 02, 2020.

Modified Fall 2020 eStart Courses

Course Dates: Sept 28, 2020 - Dec 18, 2020

Course Dates for Art History: Oct 26, 2020 - Dec 18, 2020

Check if enrolling	Course Title / CRN	Make check payable to the college offering the course	Instructor
☐	American Government - POLS231L / 14123	Registrar - Lakes Region Community College	Scott Cracraft
☐	Art History: Prehistoric to Gothic - ARTS131L / 13637	Registrar - Lakes Region Community College	Elizabeth Ann Wilson
☐	Business, Introduction to - BUS130L / 14099	Registrar - Lakes Region Community College	Matt Johnson
☐	English Composition - ENGL100L / 14124	Registrar - Lakes Region Community College	TBD
☐	Essentials of Algebra - MATH142L / 14125	Registrar - Lakes Region Community College	Fran Seigle
☐	Sociology, Introduction to - SOSC124L / 14122	Registrar - Lakes Region Community College	Scott Cracraft

- Mail, fax, or email ALL pages of the Registration Form to the Community College Registrar's Office. (contact information on pg. 4).

- Students with a current CCSNH account may login and register via SIS utilizing the CRN for the course (CRN's provided above).

- Students paying by credit card, print and sign below. You may provide credit card information over the phone (contact information on pg. 4).

Payment Type:

☐ Cash ☐ Check (Attach) ☐ Purchase Order (Attach) PO# [ ]

Credit card: ***Credit/Debit cards will be assessed a 2.75% fee***

☐ MC ☐ VS ☐ DISC Card# [ ] Exp. Date: [ ] Amount: [ ]

Name on card: [ ] Security Code (CVC): [ ]

Billing Address - Street: [ ] City: [ ] State: [ ] Zip Code: [ ]

Signature _____

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I, the student, and my parent or legal guardian acknowledges that eStart is a partnership between the Virtual Learning Academy Charter School (VLACS) and CCSNH, and while VLACS will provide a high school transcript, it is the student's responsibility to verify that their current high school will accept the transfer credit.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Release of Student Information

The Family Education Rights & Privacy Act (FERPA) is a federal law which influences record keeping in most colleges and universities. It is popularly known as the "Buckley Amendment", and the law requires that the educational records of students in colleges and universities receiving Department of Education funds remain confidential. The Buckley Amendment allows others to access a student's educational records only if the student consents. Student confidentiality remains in effect until the college receives written notification from the student to stop or change consent.

I,   First Name: [   ]   Last Name: [   ]

Home Address: [   ]   [   ]   [   ]

Phone Number: [   ]   Last 4 digits of SS#   Date of Birth (mm/dd/yy)

Authorize access of my [please check appropriate area(s) below]:

☐   Academic Information   ☐   Financial Information

To the parent(s) or guardian(s) listed below and to the Virtual Learning Academy Charter School:

[   ]   [   ]

Name of parent or guardian: Relationship

[   ]   [   ]

Name of parent or guardian: Relationship

This release of information does NOT allow access to the Student Information System (Student Records via the Internet) or Official Transcripts.

_____   _____
Student Signature   **Date**

Disabilities Services:
Please be advised that students currently receiving modifications in an IEP under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act will not be eligible for modifications in a college course in the eStart program. However, students may be eligible for accommodations through the college's Disabilities Services Office. If you have questions, please contact the Disabilities Coordinator at the college offering the course in the eStart program.

LRCC Registrars - Contact Information

Lakes Region Community College
379 Belmont Road Laconia, NH 03246
lrccregistrar@ccsnh.edu
(603) 524-3207
Fax (603) 524-8084 (Attn: Registrar)

Print Form

Office Use Only
Date Processed: _____
By Whom: _____