



**JOHN A. LOGAN COLLEGE**  
 700 Logan College Road  
 Carterville, IL 62918  
 Phone: 618-985-3741 Fax: 618-985-9181

**DUAL CREDIT REGISTRATION FORM**

**NAME:** \_\_\_\_\_ **S.S. or JALC Student ID #:** \_\_\_\_\_  
 Last First M.I.

**ADDRESS:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_  
 Street & No. Apt.  
 \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_  
 City State Zip Code

**E-MAIL:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Gender: 9Male 9Female**

**YEAR OF HIGH SCHOOL GRADUATION:** \_\_\_\_\_ **HS Status:**  Sr.  Jr.

**ASSET SCORES** \_\_\_\_\_ (Math) \_\_\_\_\_ (Reading) \_\_\_\_\_ (Writing) **COLLEGE MAJOR:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_ Carbondale \_\_\_\_\_ Carterville \_\_\_\_\_ Crab Orchard  
 \_\_\_\_\_ Du Quoin \_\_\_\_\_ Elverado \_\_\_\_\_ Herrin  
 \_\_\_\_\_ Johnston City \_\_\_\_\_ Marion \_\_\_\_\_ Murphysboro  
 \_\_\_\_\_ Trico \_\_\_\_\_ W. Frankfort \_\_\_\_\_ Other

**Ethnic Code - Please Check the *Most Accurate* Box (or Boxes)**

- Are you Hispanic or Latino? (OR are you of Spanish origin?)  Yes Hispanic or Latino  Not Hispanic or Latino
- Are you from one or more of the following racial groups? (Select all that apply.)  
 American Indian or Alaska native  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White  Choose not to respond
- Please identify your primary racial/ethnic group. (Select one.)  
 American Indian or Alaska native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or other Pacific Islander  White  Choose not to respond

**Course Enrollment**

**SEMESTER and YEAR:** \_\_\_\_\_ **FALL** \_\_\_\_\_ **SPRING**

ADD DROP	COURSE PREFIX	COURSE #	SECTION #	CREDIT HOURS	TIME	DAYS	ROOM	INSTRUCTOR	

**Emergency Information**

**Person to notify in case of emergency:**  
**Name(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Phone #(s):** \_\_\_\_\_

**Certifying Information**

I understand that withholding information requested on this document or giving false information may make me ineligible for admission to the College or subject to dismissal. I certify that all the information that I have provided on this application is complete and accurate to the best of my knowledge, and I agree to observe all of the rules and regulations of the institution. The student's signature waives the right to privacy and grants John A. Logan College officials permission to share information regarding the student's performance with his/her parents, legal guardians and/or high school personnel. Students are subject to all privileges and policies in the "Students Rights and Responsibilities Handbook." With this in mind, I certify that the above statements are correct and complete.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_ **H.S. PRINCIPAL OR COUNSELOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PCCS DIRECTOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**At the high school: No tuition No fees**