



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

DUAL Enrollment 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** _____

Fees will be charged/there is no tuition