



EARLY COLLEGE UNDERAGE REGISTRATION FORM
 (for students under 16 years of age)

Return completed forms by mail to BMCC, 2411 NW Carden, Pendleton, OR 97801, by email to earlycollege@bluecc.edu or by fax to (541) 278-5871.

Academic Year: _____

Expanded Options (choose one)

Fall Term Winter Term Spring Term

OR Dual Credit (Choose one)

Semester 1 (Aug.-Feb.) Semester 2 (Feb. -June)

BMCC ID _____ - _____

OR SSN _____ - _____ - _____

Last Name _____

First Name _____

MI _____

Mailing Address _____

City _____ St _____ Zip _____

Email Address _____@_____

Home/Cell Phone (_____) _____ - _____

High School _____

Indicate name of high school attending

Anticipated Date of Graduation ____/____/____

Month Year

Year in High School: ____ Freshman ____ Sophomore ____ Junior ____ Senior

Gender: Male Female Prefer not to answer

Date of Birth: ____/____/____
 (Month/Day/Year)

Is English your second language? No Yes

Ethnicity: Do you consider yourself to be Hispanic/Latino? Yes No

Race: In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Course Information: Please list course id, title and instructors name below.

Course ID	Example: WR121-1F	Course Title	Example: English Composition	Instructor Name

Student Disclosures/Statements of Responsibility

Social Security Number: Providing your social security number is voluntary. If provided, the college will use your social security number for keeping records, doing research, reporting, extending credit and collecting debts. The college will not use your number to make any decision directly affecting you or any other person. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Providing your social security number means that you consent to use of the number in the manner described.

Release of Information: If you would like your parents, high school administration or others to have access to your student records, be sure to complete the online Authorization to Release form, by logging on to the WolfWeb. This will allow BMCC to share information with your high school or parents. This authorization can be made and removed online at any time.

Financial Responsibility: You are responsible to pay all charges on your account by the payment due date even if you do not receive a bill, or your account is being paid by another party. Unless you pay immediately at the time of registration, you are entering into a student loan with the college, which is non-dischargeable under USC § 523 (a) of the U.S. Bankruptcy code. This agreement shall be governed and construed in accordance with the laws of the State of Oregon. If your account is referred for collection you agree to pay all reasonable collection and attorney fees, including those incurred at trial and on appeal. All term charges must be paid in full before you will be allowed to register for the next term. You are responsible for keeping BMCC informed of any address or telephone changes.

Student Signature: _____

Date: ____/____/20____

Parent Name (please print) _____

Parent Signature: _____

Required for students under the age of 16