



**Early College Registration Form**

Office of the Registrar  
 379 Belmont Road, Laconia, NH 03246  
 Phone: (603) 366-5235 Fax: (603) 524-8084  
 Email: [lrcctrar@ccsnh.edu](mailto:lrcctrar@ccsnh.edu)

Student ID# \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Last 4 digits Social Security Number: \_\_\_\_\_ Grade Level: 10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

\*Federal law requires that LRCC collect names and corresponding social security numbers for all students attending the college. The college is required by the Internal Revenue Code to produce a 1098-T tax form (26 U.S.C.A. Section 6050S or Federal Register, Vol. 67, No. 2244, page 777686 (ii)) which requires the college to report the names and social security numbers of all students taking credit-bearing courses. Please note, however, that 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, regulations or applicable policies.

Federal Governmental Statistical Information (Optional): Sex: F \_\_\_ M \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ US Citizen: Yes \_\_\_ No \_\_\_

Ethnic Background: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

Select one or more races: \_\_\_ American Indian/Alaskan \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Pacific Islander \_\_\_ White

CRN#	COURSE NUMBER	Section	COURSE TITLE	CREDITS

1. Credit courses are COLLEGE courses and will remain on the student's permanent college record.
2. We understand that the coursework has college level content which may include mature material.
3. We understand that we are responsible to pay 50% of the actual tuition for LRCC courses. I also understand I am responsible for the cost of books.
4. The undersigned parent/guardian hereby grants permission for participating student to enroll in the above listed courses at the specified LRCC.
5. The undersigned parent/guardian understands that the Family Education Rights and Privacy Act (FERPA) governs all college education records and allows release of academic information, including grades, to the student only, regardless of age. Academic information cannot be released to parents or third parties without the written consent of the student.
6. We understand LRCC will have specific rules that will apply to the student's ability to enroll and attend. These rules may include, but are not limited to, certain enrollment prerequisites, placement tests, and matriculation status.
7. The student authorizes LRCC to send a transcript, including my numerical grade to my high school after completion of my course(s). The student understands my complete transcript which includes all courses taken at LRCC will be sent.

