



MADISON COLLEGE

Under 18 Registration Form

This form is required for high school students under the age of 18, but at least 16 years of age, who wish to enroll in classes at Madison College during the normal high school day which have not already been approved under another Madison College program (e.g., Youth Options, Compulsory Law Attendance, etc.).

Madison College reserves the right to deny enrollment in a class due to safety and/or educational concerns.

Submit your completed form in **one** of the following ways:

- In-person (preferred):** Enrollment Center, Truax Campus, Rm. A1000 or any regional or metro campus
- Fax:** (608) 243-4353
- Mail:** Enrollment Center, Madison College, 1701 Wright St. Madison, WI 53704

STUDENT INFORMATION

Student Name: Last _____ First _____ Middle Initial _____
 Date of Birth _____ Student ID _____ Phone _____
 Address _____ City _____ State _____ Zip Code _____

CLASS INFORMATION

Academic Year _____ Term Fall Spring/Interim Summer
 Class Number (5 digits) _____ Catalog Number (8 digits) _____
 Class Title _____ Location _____
 Class Start Date _____ Meeting Time(s) _____

I understand that the class content will be of post-secondary quality, and that adult standards for academic performance and class conduct will be maintained. I believe that I have the appropriate preparation and/or ability to benefit from this class as follows (please briefly describe prior training or ability to benefit):

Student Signature _____ Date _____

PARENT/GUARDIAN PERMISSION

Parent Name _____ Phone _____
 Address _____ City _____ State _____ Zip Code _____

My child/ward has permission to register and attend the aforementioned course at Madison College.

Parent/Guardian Signature _____ Date _____

HIGH SCHOOL AUTHORIZATION (Not applicable for home schooled students)

Principal/School Official Name _____ Title _____
 Principal/School Official Signature _____ Date _____

DEAN/CAMPUS ADMINISTRATOR ACTION - MADISON COLLEGE USE ONLY

Dean/Campus Administrator Name _____ Title _____
 Decision: Registration Approved Registration Denied
 Dean/Campus Administrator Signature _____ Date _____

Enrollment Center - Records Use Only - Verify student is scheduled or remove from class with a 100% refund.
 Staff Name _____ Staff Title _____ Date Processed _____