



EARLY ADMISSIONS RECOMMENDATION & PARENT CONSENT FORM

NAME: _____ DATE OF BIRTH: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

HIGH SCHOOL: _____ SEMESTER: _____

GRADE LEVEL: _____ APPLICATION TERM (SELECT ONE):

TO BE COMPLETED BY THE RECOMMENDER

1. Does this student participate in at least one extra-curricular and/or community activity? Please list.

2. Does this student demonstrate a high level of responsibility by having at least a 90% class attendance rating and submitting homework assignments and out-of-class projects on a consistent basis?

3. How many, if any, disciplinary actions have occurred with the student from freshman year until now?

4. Please list any leadership position that the student holds in extra-curricular or community activities.

5. How would you rate this student's prospect for success in completing college-level course work?

1 – Excellent 2 – Good 3 – Average 4 – Fair 5 – Poor

6. How long have you been associated with this student? _____

7. Would you recommend this student for Early Admissions? Yes No



ALAMO COLLEGES DISTRICT
Northeast Lakeview College

Please list all high school classes the student will be enrolled in during the semester for which they are applying for Early Admissions.

_____	_____
_____	_____
_____	_____

Please list the course(s) the student would like to enroll in at Northeast Lakeview College:

_____	_____
_____	_____

TO BE COMPLETED BY THE RECOMMENDER

SIGNATURE: _____
High School Official (Recommender) *Print Name* *Title*

TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR OR REGISTRAR

I certify that the above information regarding the student's high school enrollment is accurate.

SIGNATURE: _____
High School Registrar or Counselor *Print Name* *Title*

TO BE COMPLETED BY THE PARENT OR GUARDIAN

I hereby grant my student permission to enroll in the Early Admission Program at Northeast Lakeview College.

SIGNATURE: _____
Parent/Guardian *Print Name*

TO BE COMPLETED BY THE STUDENT

I understand that I must maintain a minimum of a "C" in all college-level courses.

SIGNATURE: _____
Student *Print Name*

NLC OFFICE USE ONLY – APPLICATION REVIEWER

Reviewer: _____ Application Approved: _____ Date: _____