

*nic.edu/wtc*

Advanced Opportunities

Verification for Students at Workforce Training Center

**Workforce Training Advanced Opportunities Course Authorization Form**

The Idaho Advanced Opportunities program provides funding for students to take non-credit courses offered by the NIC Workforce Training Center for approved programs prior to high school graduation. The high school, not North Idaho College, determines if courses will satisfy high school graduation requirements. Therefore, my student agrees to meet with their counselor prior to registering for NIC Workforce Training classes **each** semester.

**Student Information**

Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Acknowledgement**

1. My student has chosen to enroll in the NIC CTE Workforce Training Dual Credit program. I understand the information on this form and give permission for my student to participate until he/she graduates from high school or is no longer eligible for dual credit.
2. I understand that my student’s account will be assessed tuition on a per course basis which may not exceed the $4,625 total allotted amount between any for-credit and non-credit courses he/she wishes to register for. Additional fees may be assessed for labs, equipment, etc. Tuition and course fees not covered by Advanced Opportunities funding must be paid according to NIC Workforce Training Center’s payment schedule.
3. I understand that my student will be responsible for registering, dropping, adding, and withdrawing from courses according to CTE Workforce Training timelines. Failure to meet deadlines may result in my student being dropped from classes or owing for classes they did not drop.
4. I have read and understand the FERPA privacy law at nic.edu/ferpa.

**Parent/Guardian Access to Records & FERPA**

The Family Educational Rights and Privacy Act (1974) is a federal law designed to protect the privacy of education records and is enforced by the Family Policy Compliance office of the US Department of Education (FPCO). Essentially, the act states that 1) “students” must be permitted to inspect their own “educational records,” and 2) “school officials” may not disclose personally identifiable information about a student without written permission from the student.

**Students authorizing NIC to release record information to their parents/guardian must expressly check the box on the form by the signature line.**

1. High School students attending NIC (on or off campus) are not covered by NIC accident insurance as dual credit students do not pay the NIC Insurance Fee. I expressly acknowledge that it is my responsibility to ensure that my child is covered by medical insurance, individually, or as a part of an organization and that NIC will not provide such coverage.
2. Workforce Training Courses are not subject to a regular semester, they can begin and end at any point throughout the year and can be different durations.

**Transferring NIC Credits**

* Students enrolling at a college or university other that NIC will need to transfer their NIC Apprenticeship information.
* The institution where a student may attend makes the final decision about acceptance of courses.
* It is the student’s responsibility to check with the receiving institution on the transferring of dual credits.

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Student’s Signature Date

[ ]  I hereby grant permission to NIC to release record information to my parent/guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

**Counselor Approval**

I confirm that this student is eligible to participate in dual credit at NIC. This student is at least 16 years old at the start of the semester **or** has successfully completed a minimum of one-half of the high school graduation requirements as certified by the high school and is considered to be **academically capable** of completing college level courses.

Student’s age \_\_\_\_\_\_ Student’s Cumulative HS GPA \_\_\_\_\_\_ Students Anticipated Date of HS Graduation: \_\_\_\_\_\_\_\_\_

 mo/yr

One half of student’s HS requirements are met: Yes\_\_\_\_\_ No \_\_\_\_\_ Student’s EDUID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exception Explanation**

Yes\_\_\_\_ No \_\_\_\_ This student has less than a 3.0 cumulative high school GPA

Yes\_\_\_\_ No \_\_\_\_ This student is a CTE dual credit student and meets the required 2.0 minimum cumulative GPA

Yes \_\_\_\_ No \_\_\_\_ This student is under 16 years old at the start of the semester and is taking dual credit in their district high school

I, the undersigned counselor, understand that the student is responsible to meet with me each semester to review his/her plans to register for NIC courses so that I can advise him/her of applicability for high school credit as well.

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School Official’s Signature Date

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Name of High School