

JOINT ENROLLMENT FORM

Toccoa Falls College
Office of Admissions
PO Box 800899
Toccoa Falls, GA 30598
Phone: 1-888-785-5624
www.tfc.edu



Enrollment Information

Semester: Fall Spring Summer

Year: 200__

Course: _____

Days: _____ Times: _____

Course: _____

Days: _____ Times: _____

Course: _____

Days: _____ Times: _____

Course: _____

Days: _____ Times: _____

Demographic Information

Full Legal Name: _____
Last First Middle or Maiden Preferred First Name

Permanent Address: _____
Street Address

City County State Zip

Home Phone (____) ____ - _____ SSN ____ - ____ - _____ Date of Birth ____/____/____

Parent Agreement

I give my son/daughter permission to participate in the joint enrollment program at Toccoa Falls College. I believe that it is in the best interest of my son/daughter to participate in the program; therefore, agree to cooperate fully with my son/daughter, the college, and the high school. I understand that the college is not responsible for any injury my son/daughter incurs from attending, or participating in, any college sponsored programs or activities.

Signature of Parent or legal Guardian _____ Date _____

Student Agreement

I give my permission to Toccoa Falls College to send my high school an official TFC transcript at the end of each semester.

Signature of Student _____ Date _____

High School Agreement

Grade Level: _____ Cumulative GPA: _____ ACT or SAT Score: _____

High School: _____ Phone: (____) ____ - _____

Address: _____

I recommend this student to participate in the joint enrollment program at Toccoa Falls College. I understand the conditions of admission to the joint enrollment program as listed in the college catalog and certify that the student is qualified for participation. I also agree to provide Toccoa Falls College with an official high school transcript after high school graduation showing high school graduation date.

Signature of High School Principal or Guidance Counselor _____ Date _____

Send this form along with a completed application for admission to the Office of Admissions at Toccoa Falls College. If you have any questions concerning this Joint Enrollment Form, please call the Admissions Office at 1-888-785-5624.

Toccoa Falls does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

The President has been designated to handle inquiries regarding the nondiscrimination policies:

President, Toccoa Falls College, Toccoa Falls, GA 30598, 706-886-7299 ext 5200