Honolulu, Kapiʻolani, Leeward Community Colleges
Jump Start Enrollment Form
For Academic/School Year 20 ____ - 20 ____

Instructions:
1. Complete this form.
2. Obtain the signature of your parent/guardian.
3. Give your high school counselor the completed form. If approved to participate in the Jump Start program, the counselor and principal will sign the form and forward it to the community college.

Date: ___________________  High School: ______________________________________

Student’s Name: _______________________________________________________________
  Last                                      First                                      Middle

Mailing Address: ________________________________________________________________
  Number, Street, Apt.                   City                     Zip Code

Home Phone: _______________  Cell Phone: _______________  Email: _______________________

Expected Year of High School Graduation: ________________

UH Campus you plan to attend (check only one):   _____ Honolulu Community College
                                          _____ Kapiʻolani Community College  _____ Leeward Community College

Credit Check:

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<th>Course credits needed for high school graduation</th>
<th>High School Credits</th>
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Complete, print, and attach the results of a career interest inventory or assessment. A FREE interest inventory may be found on the UHCC Career Connections website at: [http://careerconnections.hawaii.edu/Flex/career_exploration/bin/career_exploration.html](http://careerconnections.hawaii.edu/Flex/career_exploration/bin/career_exploration.html). The RIASEC interest assessment is also available FREE at: [http://uhcc.hawaii.edu/jobcenter/resources/riasec.php](http://uhcc.hawaii.edu/jobcenter/resources/riasec.php)

Describe in a paragraph your career goal(s) and the reason(s) for your selected community college program of study:

**Reference**: Provide the name of one teacher at your high school who can recommend you for participation in this program. (The counselor will be contacting him/her for the recommendation.)

_________________________________________  ______________________________________
Teacher’s Name                          Subject that you took from the teacher

_________________________________________
Room Number
The parent/guardian and the student understand that:

1. The University of Hawai‘i and your high school reserves the right to determine admission to the university/college and/or registration in certain classes.

2. Continuation in the Jump Start program for the Spring semester requires that the student earn a minimum 2.0 grade point average at the community college and submit the required progress reports to his/her high school counselor by the pre-established due dates (September 30 and December 15).

3. The high school is the final authority on high school graduation requirements. Students must work closely with a high school counselor to ensure that graduation requirements are met. It is the student's responsibility to ensure that the college course(s) completed as part of the Jump Start program will also meet high school graduation requirements.

4. If the student does not successfully complete the Jump Start courses, the student may not meet high school graduation requirements.

5. The student and/or parent/guardian is responsible for campus fees, books and consumable supplies, laboratory fees, transportation, and any other related educational expenses.

6. The student is expected to participate fully in all course activities, including labs, which may involve being exposed to alternative viewpoints that may include material of an adult nature.

7. The Department of Education is not liable for the student's health and safety when the student has left the high school campus.

8. Jump Start students have the same rights and responsibilities as any other University of Hawai‘i Community College student.

9. The student gives permission for the University of Hawai‘i to release registration information, grades and/or placement test scores in accordance with federal and state laws.

10. The University of Hawai‘i may photograph, videotape, or otherwise record the student’s first name, voice, and/or likeness. These recordings will be used exclusively for non-commercial, educational purposes, which may include, but not be limited to, distribution by print or digital media within or outside the State of Hawai‘i for the duration of the media.

My signature on this form constitutes acceptance and approval of the statements listed above.

_________________________________________________________  _________________
Student’s Signature                                      Date

_________________________________________________________  _________________
Parent’s or Guardian’s Signature                      Date

This student is enrolled at a Hawai‘i public school, is under the age of 21 as of September 1st of the school year that the college course(s) will be taken, and will comply with the DOE and community college's requirements.

_________________________________________________________  _________________
High School Counselor’s Signature                     Date

_________________________________________________________  _________________
Principal’s Signature                                   Date

Distribution  Original:  UH Community College
Copies to:  Student
             High School Counselor