

Jump Start Program

Contact Information: Please contact Kelsey Tate at ktate@kaskaskia.edu or 618.545.3174 with any questions you may have.

Application Information: Eligible students for the Fall and Spring semesters are those currently enrolled as a Freshman, Sophomore, Junior or Senior who attend a High School in the Kaskaskia College District. Eligible students for the Summer semester are those who have completed their Freshman, Sophomore or Junior year who attend a High School in the Kaskaskia College District. Any student who has graduated high school is not eligible. Tuition and mandatory fees will be waived for half of the cost of up to three credit hours. Students will be responsible for all course fees, textbook cost & half of the tuition and mandatory fees. All information must be provided in order to process your form. **Deadline: Forms must be received by Noon the Monday before start of each semester.**

Student Name: _____ High School Graduation Year: _____

Date of Birth or Student ID: _____

The above named student is currently a student at my high school and is capable of successful participation in the requested course.

High School Counselor: _____ Date: _____

My son/daughter has my permission to enroll in and participate in a college course(s) at Kaskaskia College. I understand that Kaskaskia College will pay half of the tuition up to three credit hours and that I will be required to pay the remainder of my child's tuition, all course fees, textbooks & other supplies required for the class(es). I have read and understand the requirements of Jump Start. **Payment Information:** Students will be dropped for non-payment if balance is not paid in full or NelNet payment plan is not set up. Access to NelNet is available through myKC.

Parent or Legal Guardian: _____ Date: _____

I understand that I will conduct myself in a manner appropriate for a college course and will complete/participate in all of the requirements for the course. I have read and understand the requirements of the course I have selected. I have read and understand the requirements of Jump Start.

Student Signature: _____ Date: _____

Optional Section (This portion of the form must be signed in front of a Kaskaskia College official for the release to be valid.)

I, _____, authorize Kaskaskia College to release any and all information
(Please Print Your Name)

regarding my education at Kaskaskia College, including, but not limited to: grades, disciplinary issues,

schedules, attendance, and billings to _____.
(Please Print Name of Individual/Agency to Whom Information Can Be Released)

Kaskaskia College also is authorized to discuss any of the above items with

(Please Print Name of Individual/Agency to Whom Information Can Be Released)

I understand that this authorization excludes releasing the login and password information to computer/network systems owned by the College and that the only way to revoke this authorization is by submitting a written request to do so to the Dean of Enrollment Services at the address shown above.

Student Signature

Date of Birth

Student ID or SS#

Date

Witnessed by College Official

College Official Printed Name

Date Witnessed