



Running Start Contract 2023 - 2024

Student First & Last Name

ctcLink ID Number

Student Email Address

(_____)_____
Student Phone Number

Parent/Guardian First & Last Name

Parent/Guardian Email Address

(_____)_____
Parent/Guardian Phone Number

High School/School District Name

Projected High School Graduation Year

Please confirm that you have read and understand each item below by initialing next to each item:

_____ I understand that I am responsible for the expenses listed below. I also understand all payments are due by the published date listed on the college calendar located at www.btc.edu

- All non-tuition costs such as class and program fees, supplies, transportation, meals, and books
- Tuition for credits that exceed my quarterly credit eligibility as determined by the high school
- Full tuition for any course below 100 level
- Full tuition for classes not eligible for college credit (non-credited, non-graded, self-support, etc.)

_____ I understand that ***I must*** submit a completed and signed [Running Start Enrollment Verification Form](#) and register for classes **before** the first day of each quarter I plan to attend BTC. (Please allow for processing time).

_____ I will regularly attend my classes. BTC requires regular attendance. I may be dropped from a course without notice if I fail to attend or contact instructor by the second day of class.

_____ It is my responsibility to check my email and respond, where appropriate, in a timely manner. My parents should not do this for me.

_____ I understand that I must complete all required forms myself. I understand that my parents, guardians or any other person **are not allowed** make changes to my schedule (See FERPA information below).

_____ I understand that I am responsible for meeting all high school graduation requirements and for determining how to meet general college and program-specific requirements at BTC. However, support is available from my high school counselor and a Running Start Navigator at BTC.

_____ I will abide by the BTC Campus Code of Conduct (www.btc.edu/StudentConduct).

_____ I have read and I am aware of the Family Educational Rights and Privacy Act (See FERPA information below).

Additionally, my parent/guardian gives me permission to participate in courses and college activities including photos/videos/interviews for BTC marketing purposes, labs, field trips, and internships.

Student Signature

Date

Parent/Guardian Signature

Date

Family EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RECORDS RELEASE

Only students have access to their college grades and records. To obtain student grades or records, parents/guardians should work in cooperation with their student to complete this FERPA Release to have access to their student's permanent academic records. **Additionally, in accordance with FERPA, instructors are not able to notify parents/guardians when a student is failing or not attending a class. FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.**

I, _____ (Student's name), authorize Bellingham Technical College to release educational records to the person(s) listed below (Please print full name):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please initial next to type of educational records you allow the person(s) listed above granted access to:

- _____ Academic/Transcript Records (Examples: GPA, schedule information, assessment test scores)
- _____ Student Account Records (Examples: Amount due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information for balances owing)
- _____ Instructor/Classroom Records (Examples: Attendance records, progress reports - Note: Instructors are not required to have conversations about academic progress with anyone other than the student)
- _____ Other (Please specify) _____

Financial Aid Records: Contact the Student Financial Resources Office to complete a separate records release.

Although I understand I am not required to sign this document to release this information, I am giving my consent to Bellingham Technical College to disclose these records as listed above. I also understand that this release remains in effect for two years from today's date, unless I revoke my consent in writing and submit it to Registration at Bellingham Technical College.

Signature of Student

ctcLink ID Number

Date