



ConnectED Permission Form

In order for your student to participate in Mount Mary's ConnectED Program, you will need to complete this form indicating your permission and medical release. This form is required because of the Campus Academic Event held at Mount Mary College.

Student Information

Grade Entering in Fall: Sophomore Junior Senior

Student Name: _____
Last First Middle

Student's Home Address: _____
Street City State ZIP

Home Phone: (_____) _____

Student's High School: _____

Parent Information

Parent/Guardian Name: _____
Last First Middle

Address (Leave area blank if address and phone are same as above):

Street City State ZIP

Day Phone: (_____) _____ Evening Phone: (_____) _____

Relationship to student: _____

My student _____ has my permission to enroll in the following ConnectED course(s):

Course Title

Course Title

By signing the ConnectED Permission Form I acknowledge:

- That my student is enrolling in ConnectED coursework with Mount Mary College.
- That courses are taught at the high school but that participating students must attend an orientation and one on-campus experience per ConnectED course on the Mount Mary campus in order to receive credit for the course.
- The tuition for ConnectED coursework is \$110 per credit. Tuition for a four-credit course is \$440 and tuition for a three-credit course is \$330. Check with the high school ConnectED teacher to find out how many credits each course is worth. Checks should be made payable to Mount Mary College. Please note "ConnectED" in the check memo.
- Payment is due with application paperwork.
- Official transcripts are available upon course completion. A transcript fee will apply.
- Mount Mary College does not guarantee credit transfer policies to other institutions of higher education. Please consult the institution receiving these credits prior to enrolling, if you have concerns.
- I have received, read and understand the ConnectED policies and procedures outlined in the ConnectED on the ConnectEd website (www.mtmary.edu/connected.htm) and in the Connect Ed information brochure.

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In case of illness or injury to the above-named student, Mount Mary College is hereby directed to contact any one of the people listed below in order to make arrangements for his/her medical care and/or treatment:

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

In the event that none of the above named persons can be contacted in the case of illness or injury to the student named above, I hereby authorize representatives of Mount Mary College to act as my agent to secure emergency medical treatment at an appropriate health care center. This will happen when it is the opinion of the college's representatives that such emergency medical treatment is necessary during the time my student is attending Mount Mary College. Said representatives are specifically authorized to sign any and all required hospital/medical treatment forms on my behalf.

_____	_____
Parent/Guardian Signature	Date

Please attach pertinent medical history/information about your student.
Return completed form to the ConnectED teacher at your student's high school.

For Office Use Only ID#: _____ Date Entered: _____
