

SCC WELDING BOOTCAMP REGISTRATION

First Name: _____

Last Name: _____

Home Address: _____

Date of Birth: _____

Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent Permission Signature: I approve of my child taking the above listed course(s) on the Solano Community College campus. I understand that there are federally imposed privacy restrictions on my child's records that bar me from accessing those records regardless of my child's age unless I have my child's written consent. I understand that my child must adhere to the academic standards of the College. I understand that no extra supervision is provided for minors before, during, or after class. Typing my name below serves as my acknowledgement of these conditions.

Parent/Guardian Signature: _____