



LONG BEACH
CITY COLLEGE

Career Pathways Support Services Department Early College Pathways Partnership (ECPP)

Parent/Guardian and Student Acknowledgement Form

DATE _____

Student First and Last Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip code: _____

Students and Parents/Guardians, please read the following to understand and acknowledge important policies and conditions our campus requires from each student, each semester.

Two signatures are required to complete this form, the student participating and parent/guardian.

Early College Pathways Partnership

1. Long Beach City College's Early College Pathways Partnership (ECPP) program provides the opportunity for qualified LBUSD high school students, who meet the eligibility criteria to enroll in select college courses. Students participating in this program may be exempt from specific enrollment requirements and/or certain fees.
2. ECPP allows high school students early access to the collegiate experience, which may be very different from the high school environment. The student will be in a blended class with adult age college students and all LBCC rules, regulations, policies, and procedures will apply to the high school student, exactly as they would apply to any other LBCC college student.
3. The grade earned (including marks of D's, F's, or Withdraw) in the course will be on the student's permanent college transcript. It is the student's responsibility to be aware of all drop/withdraw deadlines and take appropriate actions to avoid negative marks on their transcript.
4. Successful completion of college courses requires concentrated levels of focus and commitment. Attendance and assignment completion is critical for success in the course.
5. Students who miss the first day of class will be automatically dropped from the course.



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**Long Beach City College District-Long Beach City College
Photography / Video / Artist Release**

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Parent/Guardian Initial:

Student Initial:

I have read and acknowledge the following terms, conditions and expectations.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Student Name (Please Print) _____

Student Signature _____ Date _____

CPSS OFFICE USE ONLY:

Semester: _____ Verified Date: _____ Staff Initial: _____