

ASNUNTUCK STUDENT ID NUMBER: \_\_\_\_\_

**ASNUNTUCK C.C. H.S. PARTNERSHIP PROGRAM  
RETURNING STUDENT FORM: SPRING 2023  
170 Elm Street, Enfield, CT 06082**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
HOME ADDRESS (NO. & STREET)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP CODE)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
HIGH SCHOOL NAME

\_\_\_\_\_  
EXPECTED H.S. GRADUATION DATE (MONTH & YEAR)

Course(s) Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GPA (TO BE INPUTTED BY SCHOOL COUNSELOR): \_\_\_\_\_

**WAIVER:**

I hereby give Asnuntuck C.C. permission to share my course and grade information from the class I am registered to take through the ACC H.S. Partnership Program with my high school.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOOL COUNSELOR SIGNATURE

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