

CALDWELL SCHOOL DISTRICT/ALBERTSON COLLEGE OF IDAHO
ENRICHMENT PROGRAM

Application for College Enrichment Program

Name _____ Date of Application _____

Year in School _____

I am interested in making application for enrichment classes through a college course in the following area: _____

I believe I should be considered for this opportunity because of the following reason(s):

Recommendations:

The candidate will submit recommendations from the following people using the form provided:

- The high school principal or assistant principal
- The high school department chairperson in subject area selected
- A teacher having previously taught the student

Parent's Approval:

I approve of my child's participation in the college enrichment program should he or she be selected. I also realize the necessity for providing transportation to and from the Albertson college of Idaho campus. I further understand that the College Enrichment program is for the purpose of enrichment and high school credit will not be awarded.

Parent or Legal Guardian