

Colby Community College
Financial Agreement Form
Outreach Program



I understand that by enrolling in Dual/Concurrent Credit Courses through Colby Community College I will be responsible for any billing statement that is generated due to enrollment.

Student Information: (Please Print)

First Name _____ Last Name _____

Birthdate ____/____/____ Social Security # ____-____-____

Address _____

High School: _____

Courses:

X _____
Student Signature Date

If student is a minor at time of enrollment, please complete the following:

Responsible Party Information: (Parent/Guardian Information)

First Name _____ Last Name _____

Birthdate ____/____/____

Address _____

By signing below, I agree and acknowledge that I am the financially responsible party for the student listed above. I understand that by signing this agreement I am acknowledging that the student listed above has/intends to enroll(ed) in Dual/Concurrent Credit courses through Colby Community College and am therefore responsible for any billing statement that is generated due to previously stated enrollment. I recognize that all billing statements and expenses will be sent to the student address listed above.

X _____
Signature of Responsible Party Date

****Please Note:** Any student under 18 at time of enrollment is required to complete both sections of this form and submit it to the High School Coordinator or Colby Community College Outreach Director (outreach@colbycc.edu). Failure to submit this form may result in non-enrollment.