



Recommendation From High School Principal or Counselor

I, the undersigned, do recommend (student's name) _____
for the Co-enrolled Program at Lamar State College-Orange.

Signature Date

Printed Name

Title/Position

High School

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Parental Consent

I, the undersigned parent or legal guardian of (student's name) _____,
do hereby give permission for my child to enroll in Lamar State College-Orange.

Signature Date

Printed Name

Address

City State Zip

Phone Number