

# College Early Start Form

## DocuSign Steps



1. Go to <https://www.deltacollege.edu/admissions/admissions-records-registration/apply-delta-college/dual-enrollmentcollege-early-start-1>
2. Click on "3. Complete the College Early Start (CES) Form".
3. Search for your high school in "School's Contact Information Lookup!" These are the only high school administrators/counselors approved to e-sign the form. Note down their names and email addresses.
4. Next to "High School Students", click on Submit "College Early Start form"

### 3. Complete the College Early Start (CES) Form

Before you can enroll in Delta courses, you must complete the College Early Start (CES) form. It will be routed to your parent and school counselor to sign, electronically, upon your submitting it.

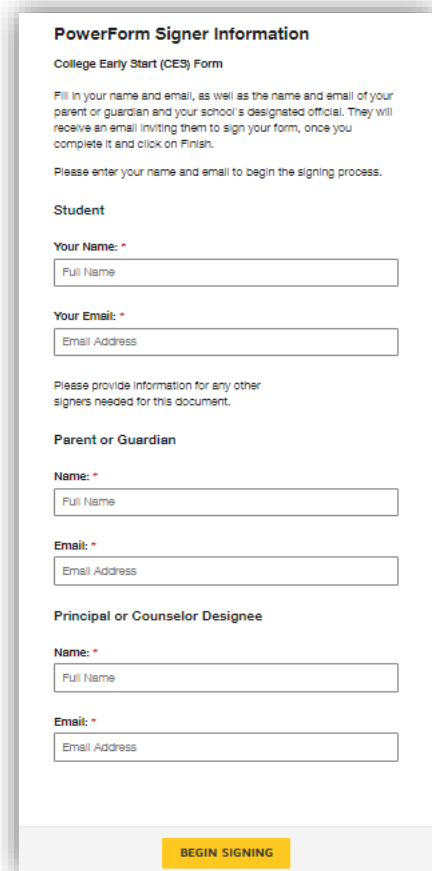
**Note:** You will need to enter the name and email addresses of a school official's designee (typically a counselor or Principal).

School's Contact Information Lookup! 

- **High School Students** – Submit College Early Start form 
- **Adult Ed Students** – Submit SB-554 College Early Start form 

We will notify your counselor as soon as your CES form has been processed.

5. Students must enter their name/email, parent name/email and high school designee's name/email, and then click on **Begin Signing**. **Skipping any of this information will make the CES form invalid and it will be voided.**



**PowerForm Signer Information**

College Early Start (CES) Form

Fill in your name and email, as well as the name and email of your parent or guardian and your school's designated official. They will receive an email inviting them to sign your form, once you complete it and click on Finish.

Please enter your name and email to begin the signing process.

**Student**

**Your Name: \***  
Full Name

**Your Email: \***  
Email Address

Please provide information for any other signers needed for this document.

**Parent or Guardian**

**Name: \***  
Full Name

**Email: \***  
Email Address

**Principal or Counselor Designee**

**Name: \***  
Full Name

**Email: \***  
Email Address

**BEGIN SIGNING**

- Upon clicking on **Begin Signing**, students are taken to the CES form. Students must click on **START** to begin, **fill out the requested information, sign** and click on **Finish**. The form will then be routed to the parent/guardian's email.

Please review the documents below. FINISH OTHER ACTIONS ▾

**STUDENT SECTION:**

START

LAST FIRST MIDDLE

Delta Student ID Birth Date Grade Level you will be in when Classes begin (i.e. 9th, 10th, 11th, 12th)

Start Term: -- Select -- Grad Date:

High School:

**REQUIRED SIGNATURES:**

I agree to abide by all rules and regulations.

Student Signature Sign Date 11/10/2020 | 6:03 PM GMT

As the parent/guardian of the above-named student, I authorize enrollment into the CCAP Community College program and understand that in accordance with FERPA regulations, information may NOT be released to the parent without written permission from the student.

- The parent/guardian must check his/her email account, click on the email DocuSign envelope to open the form (no login into DocuSign is required) and **simply sign it and click on Finish**. The form will then be routed to the high school designee's email.

Please review the documents below. FINISH

START

As the parent/guardian of the above-named student, I authorize enrollment into the CCAP Community College program and understand that in accordance with FERPA regulations, information may NOT be released to the parent without written permission from the student.

Full Name Signature Sign Date 11/10/2020

I verify this student is eligible to enroll in the California College and Career Access Pathways program, and is recommended for admission to the college.

Designated High School Official Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Once the high school designee signs the form and clicks on Finish, it is routed back to Delta College. Forms are processed within the next business day.

Please review the documents below. FINISH

START

As the parent/guardian of the above-named student, I authorize enrollment into the CCAP Community College program and understand that in accordance with FERPA regulations, information may NOT be released to the parent without written permission from the student.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I verify this student is eligible to enroll in the California College and Career Access Pathways program, and is recommended for admission to the college.

Designated High School Official Name Full Name \_\_\_\_\_

Signature Sign Date 11/10/2020 | 6:08 PM GMT