



Jump Start Program 2026-2027

27210 College Rd – Centralia, IL 62801 – (618) 545.3040 – www.kaskaskia.edu

Contact Information: Please send completed registration forms for Admission at kcadmissions@kaskaskia.edu
 For any questions, please contact Kelsey Tate at ktate@kaskaskia.edu or 618-545-3174.

Application Information: Eligible students for the Fall and Spring semesters are those currently enrolled as a Freshman, Sophomore, Junior or Senior who attend a High School in the Kaskaskia College District. Eligible students for the Summer semester are those who have completed their Freshman, Sophomore or Junior year who attend a High School in the Kaskaskia College District. Any student who has graduated high school is not eligible. Tuition and mandatory fees will be waived for half of the cost of up to three credit hours. Students will be responsible for course fees, textbook cost & half of the tuition and mandatory fees. All information must be provided in order to process your form. **Deadline: Forms must be received by Noon the Monday before start of each semester.**

Legal Name:			Social Security Number Required for 1098-T	
Last: _____	First: _____	Middle Int: _____		
Address:			Birth Date _____	
Street Address: _____			Driv Lic No _____	
P O Box: _____			County of Residence _____	
City: _____ State: _____ Zip: _____			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to disclose One of my parents has a bachelor's degree. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone - Cell _____				
Email Address _____				

Ethnic/Race Information	National Citizenship	Current Employment Status															
Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No Ethnic/Racial Background: <u>Choose all that apply:</u> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Prefer not to disclose Primary Race/Ethnic Group: <u>Identify with most:</u> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen Community College Residency <input type="checkbox"/> In KC District <input type="checkbox"/> Out of KC District	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Other <input type="checkbox"/> No Response															
High School Information:	_____ Name of High School City Expected Graduation Year: _____																
Course Registration Information - Major Code - BAC.0101.DUAL	* Course information below must be completed prior to submission of form.*																
Current Student Intent	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">○ Summer</td> <td style="width:33%; text-align: center;">○ Fall</td> <td style="width:33%; text-align: center;">○ Spring</td> </tr> <tr> <td style="width:25%;">*Course Prefix</td> <td style="width:25%;">*Course Number</td> <td style="width:25%;">*Course Section</td> <td style="width:25%;">Credit Hours</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: right;">Total Hours</td> <td> </td> </tr> </table>		○ Summer	○ Fall	○ Spring	*Course Prefix	*Course Number	*Course Section	Credit Hours					Total Hours			
○ Summer	○ Fall	○ Spring															
*Course Prefix	*Course Number	*Course Section	Credit Hours														
Total Hours																	
Highest Diploma/Degree Earned																	
<input type="checkbox"/> None																	
Enrollment Objective																	
<input type="checkbox"/> To complete one of several courses, not pursuing a Degree or Certificate																	

Kaskaskia College does not discriminate on basis of age, race, color, national origin, religion, creed, political affiliation, belief or disability.

I understand that withholding information requested on this form, or giving false information, may make me ineligible for enrollment at Kaskaskia College or subject to dismissal. With this in mind, I certify by my signature, that the information on this form is correct and complete.

Signature: _____ Date: _____ Rev. 10.9.24

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Student Name: _____ High School Graduation Year: _____

Date of Birth or Student ID:

The above named student is currently a student at my high school and is capable of successful participation in the requested course.

High School Counselor: _____ Date: _____

My son/daughter has my permission to enroll in and participate in a college course(s) at Kaskaskia College. I understand that Kaskaskia College will pay half of the tuition up to three credit hours and that I will be required to pay the remainder of my child's tuition, all course fees, textbooks & other supplies required for the class(es). I have read and understand the requirements of Jump Start.

Parent or Legal Guardian: _____ Date: _____

I understand that I will conduct myself in a manner appropriate for a college course and will complete/participate in all of the requirements for the course. I have read and understand the requirements of the course I have selected. I have read and understand the requirements of Jump Start.

Student Signature: _____ Date: _____

Optional Section (This portion of the form must be signed in front of a Kaskaskia College official for the release to be valid.)

I, _____, authorize Kaskaskia College to release any and all information
(Please Print Your Name)

regarding my education at Kaskaskia College, including, but not limited to: grades, disciplinary issues,

schedules, attendance, and billings to _____.

(Please Print Name of Individual/Agency to Whom Information Can Be Released)

Kaskaskia College also is authorized to discuss any of the above items with

(Please Print Name of Individual/Agency to Whom Information Can Be Released)

I understand that this authorization excludes releasing the login and password information to computer/network systems owned by the College and that the only way to revoke this authorization is by submitting a written request to do so to the Dean of Enrollment Services at the address shown above.

Student Signature

Date of Birth

Student ID or SS#

Date

Witnessed by College Official

College Official Printed Name

Date Witnessed