



**RICHLAND COLLEGIATE HIGH SCHOOL  
APPLICATION PACKET  
GRADUATING CLASS OF 2021**

Thank you for your interest in the Richland Collegiate High School. Once you have completed filling out all forms and secured the necessary documents, please deliver the packet in person to:

**Richland Collegiate High School  
12800 Abrams Road, Dallas, TX 75243  
Crockett Hall, Room 165**

The enrollment is a multi-step process and will take some time to complete. If you have any questions, please feel free to call the RCHS office at (972) 761-6888.

**Application will be accepted between the hours of 8:30AM to 4:30PM.  
Our office hours are Monday-Friday from 8:00AM to 5:00PM**

**Please bring the following documents:**

- **Richland Collegiate High School Application**
- **Minor Emergency Form**
- **Richland College Online Application Summary (steps below)**
- **Current School Transcript**
- **Most recent standardized test scores (EOC, STAAR, PSAT, etc.)**
- **Attendance Report & Immunization Record**
- **Parent/guardian photo ID**
- **Copy of the most recent utility bill from the student's legal residence (water, gas, electric)**
- **Student's Birth Certificate**
- **Student's Social Security Card**
- **Permanent Resident Card, Green Card or Visa (if applicable)**

**Richland College Online Application:** (Please complete each outlined step below)

1. Please log on to: [www.richlandcollege.edu](http://www.richlandcollege.edu)
2. Go to the (**Apply & Register**) tab located on top of the main page
3. Click on (**Apply Now**)
4. Under "**Online**" click on (**Admissions Application**) link
5. Under (**High School Student Dual Credit**) click (**Begin the Dual Credit Application**)
6. Create your account by completing (**User Information**) and be sure to select the (**Richland Collegiate High School**) in the indication of admission selection.
7. After you fill out all areas necessary, click "**Create Account and Continue**" to proceed to the Richland College Online Application
8. When you finish completing the Richland College Online Application, click the submit button. An **application summary** will appear. You will need to print out this **application summary** (**which is the third item listed on the checklist above**) and turn it in along with the other required documents to the RCHS office located in Crockett Hall room 165.

**How to Print your Application Summary:**

- Log on to [econnect.dcccd.edu](http://econnect.dcccd.edu) and select the "Future Student Menu"
- Select "Your Application Summary" from the "Admissions Information" menu
- Log into your application account and select print
- *If you have forgotten your username and password, follow the "Forgot your username or password?" instructions at the bottom of the page.*



# Consent to Emergency Treatment

## Dallas County Community College District (“DCCCD”)

### Minor Student Under Age 18

\_\_\_\_\_

Print Student Name (Last, First, Middle)                      Date of Birth                      Program

DCCCD on behalf of \_\_\_\_\_ College is an educational institution in which  
Campus Location  
the student named above is enrolled.

Voluntary Student Health Information		
Allergies to Medicine(s)	Allergies to Food / Other	List Medicines this student takes every day.
1).	1).	1).
2).	2).	2).
3).	3).	3).
List Health Problems or Concerns you believe the College should be aware of in Case of Emergency:		
A.		
B.		
C.		

The College has written authorization to consent to emergency medical treatment from a person having the right to consent as follows:

I, \_\_\_\_\_, \_\_\_\_\_  
Print Name (Parent / Legal-Guardian)                      (Relationship to the Student)

**grant College permission to authorize emergency medical treatment for the above named student.**

Parent / Legal Guardian’s Contact Information			
Print Name		Print Name	
Cell #		Cell #	
Work #		Work #	
Home #		Home #	
Pager #		Pager #	
In the event a Parent or Legal Guardian cannot be reached, please contact:			
Emergency Contact #1 (Print Name below)	Relationship to student:	Contact Numbers	
		Work/Home/Cell #:	
Emergency Contact #2 (Print Name below)	Relationship to student:	Work/Home/Cell #:	

**The undersigned is responsible for all medical costs associated with this authorization.**

\_\_\_\_\_                      \_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date

This authorization is effective until \_\_\_\_\_  
Date