



DUAL ENROLLMENT PERMISSION FORM

Student's Name: _____

Student Number: _____

High School: _____

Seeking Admission to (Name of College/University) _____

Dual Enrollment Program [Select One]

Full-time (4 classes or 12-15 hrs) _____ **or Part-time** (combination of 6 HS and DE classes) _____

Student's Daytime Phone Number: _____

Parent's Name: _____

Parent's Daytime Phone Number: _____

Tuition, mandatory fees and books are the only costs that Dual Enrollment funding covers. All other expenses will be the responsibility of student and parent/guardian.

My signature on this form indicates parental approval for my student to participate in the **DE** Program. I understand and agree to the following concepts regarding the **DE** Program:

- Upon graduation, students may not continue to take courses through DE.
- If a student fails a course required for high school graduation, he/she will not be permitted to participate in the May graduation ceremony.
- The college will not communicate with the parent or high school if a problem arises. The college will only communicate with the student. Therefore, it is the student's responsibility to communicate dropped courses and grades to the DE Coordinator.
- **DE** credits may not transfer to another college. It is the student's responsibility to check.
- **DE** students must continue to meet GHSA high school eligibility requirements to participate in competitive activities.
- In the event withdrawal from a course is necessary, the student is responsible for communicating the withdrawal to the counselor. Every effort will be made to place the student in the high school equivalent course. In some cases, this will not be possible which might impact the student's graduation date.
- **DE** course enrollments and withdrawals must be approved by the High School Counselor or Dual Enrollment Coordinator.
- **DE** students must take any testing mandated by the state of GA and GCPS. The student is responsible for making the testing arrangements with the high school.
- Students must comply with all rules from the post-secondary institution and the high school.
- Communication of post-secondary grades to the high school in a timely fashion is the student's responsibility.
- **DE** students are responsible for completing all necessary required paperwork.
- **DE** students must complete the On-Line **DE** application located on GaFutures.org and the **DE Student Participation Agreement** for each semester of participation. Failure to do so in a timely manner could result in the student being dropped from their college classes.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Counselor Signature _____ Date _____

Office Use Only:

Student: _____ ID#: _____ College: _____

Processed Date:
Fall _____
Spring _____
Summer _____



ADVISEMENT / CONTACT INFORMATION DUAL ENROLLMENT PROGRAM

Student Information

Name: _____ Current Grade: _____

GCPS Student Number: _____ College: _____

Home Address: _____

Cell Phone Number: _____

Home Phone Number: _____

E-Mail Address: _____

Parent/Guardian Information

Parent(s) Name(s): _____

Home Phone Number: _____ Mother _____ Father

Work Phone Number: _____ Mother _____ Father

Cell Phone Number: _____ Mother _____ Father

E-Mail Address: _____ Mother _____ Father

Advisement Acknowledgement

I have participated in an information/advisement session regarding the Dual Enrollment Program at my student's high school. I understand the procedures and my responsibilities if I choose to participate in the program.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____