



Fall \_\_\_\_\_  
 Spring \_\_\_\_\_  
 Summer \_\_\_\_\_

# Dual Enrollment Participation Form

## SECTION I: Student Information (please print legibly)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ High School: \_\_\_\_\_  
Home / Cell

Courses Requested: \_\_\_\_\_

I give my permission for Volunteer State Community College Dual Enrollment Personnel to release information to \_\_\_\_\_ and/or \_\_\_\_\_, my legal guardian(s), regarding dual enrollment admissions requirements, registration, grade and fee payment information **during the term indicated above.**

Student's Signature \_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_

## SECTION II: Parent or Legal Guardian

I hereby acknowledge the participation of this student in the High School Dual Enrollment Program. I understand that there is a course fee and textbook fee associated with each course in which (s)he enrolls, **due by the first week of class.** *Registration is not complete until fees are paid.*

Parent/Legal Guardian Signature \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Parent's Email Address \_\_\_\_\_ Parent/Legal Guardian Contact Numbers \_\_\_\_\_

## SECTION III: High School Counselor

As an official of the participating high school, I hereby grant permission for the above-named student to participate in Dual Enrollment.

Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

-----For VSCC Administrative Use Only-----

<u>Application:</u>	PLACEMENT SCORES: <b>ACT                  RETEST</b>  ENGL                  ENGL  MATH                  MATH  RDG                  RDG  COMP                  COMP  DATE                  DATE	Classes
<u>Receipt #:</u>		Notes:
<u>Re-admit:</u>		
<u>Transcript</u>		
<u>HepB Form</u>		
<u>Grant</u>		GPA

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