

DUAL ENROLLMENT APPLICATION 2023-24

The student completing this application is requesting to take Dual Enrollment courses. Students, Parents, Guardians are asked to sign if he/she is in agreement with the student's decision and plan. You are also acknowledging that Dual Enrollment courses are at the cost of the student and his/her family. Questions should be directed to the student's School Counselor. Return this form to the Counseling Office; you will present this proposal to Mr. Groff for approval.

Student's Information

Name: _____

Today's Date: _____

Phone: _____

Date of Birth: _____

Email: _____

Student ID#: _____

Please describe your reason for taking Dual Enrollment course work? Use back for more space.

Dual Enrollment Courses

Course Title & CRN	(# of Creds)	Institution	Name in Skyward (For Counselor use only)
_____	()	_____	Credits _____
_____	()	_____	Credits _____
_____	()	_____	Credits _____
_____	()	_____	Credits _____

****YOU MUST INCLUDE A SYLLABUS OR COURSE DESCRIPTION FOR EACH CLASS**

Parent/Guardian Information

Name: _____

Phone: _____

Email: _____

Parent/Student Consent

By signing below, you support your student's decision to take Dual Enrollment Courses and understand that your student and you are responsible for the cost of the course.

Parent Agreement X _____ Date: _____

Student Agreement X _____ Date: _____

Mr. Groff's Approval _____ Date Approved: _____

For Counselor Use Only

Syllabus received _____

Transcript received _____

NOTES: _____
