

DUAL ENROLLMENT APPLICATION 2025-2026

The student completing this application is requesting to take Dual Enrollment courses. Students and parents/guardians are asked to sign if they agree 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 coursework? 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 Signature: _____ Date: _____
Student Signature: _____ Date: _____

Mr. Groff's Approval: _____ Date Approved: _____

For Counselor Use Only	NOTES: _____
Syllabus received _____	_____
Transcript received _____	_____