

CCAC Dual Enrollment/College in High School
Parent and High School Authorization Form

Student Name: _____ Student Date of Birth: _____

Semester in which you are enrolling: _____

For Completion by Student's Parent/Guardian

I authorize the above named student to participate in the CCAC Dual Enrollment/College in High School Program.

I understand and agree that once my son/daughter is registered for classes at CCAC I become legally bound by and agree to the terms of the Community College of Allegheny County Student Financial responsibility agreement, and as such become responsible for all charges incurred, unless the classes are dropped during the designated refund period. I understand that the college is extending credit to my son/daughter and permitting him/her/they to register and enroll and attend classes in return for my promise to pay the college all tuition and fees incurred as a result of his/her/their registration, and that such extension of credit constitutes an educational loan or education benefit that is non-dischargeable under Section 523 (a) (8) of the United States Bankruptcy Code. I understand that failure to pay the student account or any monies due and owing CCC may result in a financial hold place on the student's account preventing registration for future classes, release of transcripts and diplomas, and additional college services. Additionally I understand that failure to pay the student account or any monies due and owing CCAC will result in a \$15.00 late payment fee assessed to the account for each late payment and may result in the account being referred to a third party collection agency resulting in additional fees. Finally, I understand that all delinquent student accounts may be reported to one or more of the national credit bureaus.

Parent/Guardian Signature _____ Date _____

This signatures also gives CCAC permission to disclose student's grade/s to the school district.

For Completion by Student's High School Official/Home Schooled Representative

We authorize the above named student to register for courses at the Community College of Allegheny County.

High School Official/Home Schooled Representative Signature _____ Title _____ Date _____

Print Name _____ Phone _____ Email _____

High School Name _____ Current High School GPA _____ Initial _____

Payment to be made by [] Parent/Student [] Other _____

A copy of the student's high school transcript must be enclosed. Return both form and transcript to the Admissions office at the campus the student plans to attend.



For Completion by CCAC Associate Academic Dean (for students who are not 16 years of age or are rising juniors or seniors while enrolled at CCAC)

I authorize the above named student to register for courses at the Community College of Allegheny County.

Print Name _____ Signature _____ Date _____

Revised 04/13/2018



Our Goal is Your Success