



South Texas ISD

Science Academy

GRADES 9-12 | MERCEDES

Dual Enrollment Authorization Form

Full Name: _____ Apply TX ID _____

Address: _____

Phone 1: ____ / ____ - ____ Phone 2: ____ / ____ - ____ D.O.B. _____

Summer Emergency Contact Information:

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: ____ / ____ - ____ Email: _____

Course Information:

Authorization and Acknowledgement:

Parent/Guardian

- I certify all the information provided in this authorization form is complete and correct to the best of my knowledge.
- I acknowledge I have reviewed this application with my child and understand the Dual Enrollment Program requirements and all applicable policies, procedures, restrictions, and deadlines.
- We (student & parent) agree to comply with all applicable CE Program requirements, policies, procedures, restrictions and deadlines.

X _____
Parent/Guardian Signature Date

Counselor and Principal

- I believe the above named applicant to be a mature and academically prepared student capable of performing well in University courses.
- I acknowledge I have reviewed this application with above named applicant and authorize their participation in Dual Enrollment Program.
- I understand that it is my responsibility, as a representative of my school, to review this information and verify the student meets and understands all applicable program requirements, policies, and restrictions.
- I understand I can also impose any additional participation requirements to above named applicant.

X _____ X _____
Counselor Signature Date Principal Signature Date