

Start Date \_\_\_\_\_

## Application for Co-Enrollment Program

School of Residence:  Castle Rock  DN Community School  Sunset  DNHS  
To co-enroll at:  Castle Rock  DN Community School  Sunset  DNHS

Full **LEGAL** Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last* *First*  
Student Resides With: \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Fathers Cell # \_\_\_\_\_ Mothers Cell # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*I would like to be considered for Co-enrollment in order to take the following class(es)*

*Maximum of two classes per Semester*

**Section # - DNHS Use**

Fall Semester  Spring Semester Class # 1 \_\_\_\_\_ Section # \_\_\_\_\_

Fall Semester  Spring Semester Class # 2 \_\_\_\_\_ Section # \_\_\_\_\_

**Sunset, McCarthy and Castle Rock students** applying for co-enrollment at DNHS **must enter the class within 2 weeks of the start of the semester.** *Students transferring from Del Norte HS may dual enroll back to DNHS in a class in which they were previously enrolled & passing at the time of transfer.*

I believe I would benefit from enrollment in the class(es) because of: (indicate items that apply)

Course is unavailable at my school  Career Technical Education (CTE)

What is your career goal? \_\_\_\_\_

### I understand that being a guest student who is co-enrolled at another school:

- Does **not** give me permission or rights to participate in extra-curricular activities such as: sports, dances or join clubs, etc. at Del Norte High School. I am still considered a student of my school of residence indicated above.
- I must have regular attendance (*No tardies or unexcused absences*)
- I cannot have any discipline issues
- I must keep up with the course requirements at both schools
  - *Co-Enrolled Students must maintain at least a "C" in each class*
- I also understand that I cannot be on the co-enrollment campus except to attend my class/classes.
- I will not loiter on the co-enrollment campus before or after class, during break or lunch time.
- I understand that if I am not able to comply with these guidelines, I will be exited from the co-enrollment program.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor/ST signature \_\_\_\_\_  I support  I do not support

Counselor Recommendation(s) \_\_\_\_\_

### I approve of this student's application for co-enrollment at the school listed above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sending Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Receiving Principal \_\_\_\_\_ Date \_\_\_\_\_

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