



Madison County School System Dual Enrollment Form

Dual Enrollment affords a student the opportunity to enroll in a postsecondary institution while attending high school for the purpose of earning credits toward a high school diploma and/or a post-secondary degree. A student must meet the following requirements to be eligible for participation.

1. Must have completed all required courses for grades 9 and 10.
2. Must have a "B" average in completed high school courses.
3. Must be able to pay tuition.
4. Must provide own transportation.

Student Name: _____ High School _____

Student Grade Level: _____ Student GPA: _____ Student ACT: _____

College/University: _____

Approved DE Course (College Course Name & Prefix)	High School Course Replaced	HS Credit (0.5 or 1.0)	Semester
			Fall 23 OR Spring 24
			Fall 23 OR Spring 24
			Fall 23 OR Spring 24
			Fall 23 OR Spring 24

RELEASE OF RECORDS

I authorize _____ (List name of Community College/University) to release my academic record each term to my high school. This release is counter signed by my parent or legal guardian if I am less than 18 years of age. This release shall remain in effect until I provide written notice to discontinue the release. I understand that I am subject to the Federal Education Rights and Privacy Act of 1974 (FERPA).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Authorized Signature

I hereby agree that the above student has an overall B average and has met all other enrollment criteria for Dual Enrollment and is granted permission to enroll in the courses listed above:

Counselor's Signature: _____ Date: _____

Principal's Signature (Or Designee) _____ Date: _____

Superintendent Signature (or Designee) _____ Date: _____