

GCPS DE PERMISSION FORM DUAL ENROLLMENT

Student's Name: Student Number:	
High School:	
Seeking Admission to (Name of College/University)	
DE Program [Select One] Full-time or Part-time	
Student's Cell Phone Number:	
Parent's Name: Parent's Daytime Phone Number:	
Tuition, textbooks, and mandatory fees are funded by the Dual Enrollment program. All other experwill be the student's and parents'/guardians' responsibility to pay.	ises
My signature on this form indicates parental approval for my student to participate in the DE Program. I understand and agree to the following concepts regarding the DE Program:	
 Dual Enrollment credits, in a few cases, may not transfer to another college. Check with your post secondary college choices. 	:-
 Dual Enrollment students who are not enrolled at the college on a full-time schedule (12-15 credit hours) must be enrolled in at least five classes between Parkview High School and the college. A six-class combination is preferred. 	Э
 Dual Enrollment students must continue to meet GHSA high school eligibility requirements to participate in competitive activities. 	
 Colleges use alphanumeric grades which are transcribed at mid-point on the high school transcript: A=95, B=85, C=75, D = 72 or 70 (depends on college), F= 55 	
 Failure to enroll in and pass designated postsecondary courses may result in the student not gradu with his/her high school class, or the student may be asked to return to the high school due to lack satisfactory academic progress (SAP). 	
• Dual Enrollment students are required to take all required standardized testing and the student is responsible for making the testing arrangements with the high school.	
 Students must comply with all rules from the post-secondary institution and the high school. 	
 Communication of post-secondary grades to the high school in a timely fashion is the student's responsibility. 	
 Dual Enrollment students are responsible for completing all necessary required paperwork by the required date. 	
 Dual Enrollment students must complete the Online DE funding application located on GAFutures (once) and the PHS DE Student Advisement Form for each semester of participation. Failure to c in a timely manner could result in the student being dropped from their college classes. 	
Parent Signature Date	

Student Signature _____ Date ____



CONTACT INFORMATION DUAL ENROLLMENT PROGRAM

Student Information (Please Write Neatly)

Name: _____ Current Grade: _____ GCPS Student Number: _____ College: _____ Home Address: Cell Phone Number: Home Phone Number: E-Mail Address: **Parent/Guardian Information** Parent(s) Name(s): Home Phone Number: _____ Father _____ Mother Work Phone Number: _____ Father _____ Mother Cell Phone Number: Father Mother E-Mail Address: _____ Father _____ Mother Advisement Acknowledgement I have participated in an advisement/info session regarding the Dual Enrollment Program at my high school. I understand the procedures and my responsibilities if I choose to participate in the program. Student Signature: _____ Date: _____