



Step 1: Fill out the Online Application at [www.ladelta.edu](http://www.ladelta.edu)

Step 2: Follow instructions below and complete this form

Previous Dual Enrollment Student

**Student Information: (Circle One)**

College Semester(s): Fall Winter Spring Summer Year 20: \_\_\_\_\_

Current Grade Level: 10th Grade 11th Grade 12th Grade High School Name: \_\_\_\_\_

Gender: Female Male Current GPA: \_\_\_\_\_ Test Scores: Composite \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number (**REQUIRED**): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street or P.O. Box

City

State

Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Parent Information:**

\_\_\_\_\_  
Last Name First Name Relationship Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Student Consent:**

I have read and understand the following policies of the Louisiana Delta Community College (LDCC) Dual Enrollment program. I understand that if I receive a final grade of D or F in any course, I may lose the privilege of continuing in any classes in the LDCC Dual Enrollment program. I understand that if I withdraw from a course after the add/drop registration period, it will remain on my college record, I may receive no college or high school credit for the course, and it may affect my future financial aid. Grades I receive in college courses will remain on my permanent college transcript. I authorize Louisiana Delta Community College to release information about my academic record to my high school while I am enrolled in the LDCC Dual Enrollment program. I understand that I will be responsible for any enrollment cost.

**\*\* If you need assistance because of a disability, please contact the LDCC Counseling Center at (318)345-9152**

**Parental Consent:**

I have read the LDCC Dual Enrollment admissions information, have been advised of the procedures involved in entering the program and completely approve of my dependent's participation. I further understand that Dual Enrollment students must meet and maintain academic requirements for Louisiana Delta Community College and school board policies. I understand that these classes are not free and I must provide the required funding and/or documentation at the onset of the program for my child to continue. In case of emergency you will be notified:

\_\_\_\_\_  
Student Signature Date Parent Signature Date

**High School Consent**

I certify that the student has completed the application and has permission to participate in Dual Enrollment Program; that the information provided for this student by the high school is correct, and verify that the applicant is eligible to participate in the Dual Enrollment program.

Please check one:  Bill High School/District  Bill Student Full Amount  Tops Tech Early Start

\_\_\_\_\_  
Principal or Designee Signature: Date

**Requested Courses:**

Fall Term: \_\_\_\_\_ Spring Term: \_\_\_\_\_ Summer Term: \_\_\_\_\_