



ATHENS CITY SCHOOLS
DUAL ENROLLMENT AGREEMENT
2026-2027

Last Name: _____ First Name: _____

Student Cell #: _____ Student Email: _____

Grade: _____

Statement of Accountability:

I understand that dual enrollment courses are offered at the high school level. I also understand that college-level work will be assigned and expected of me. I am electing to take dual enrollment class and will work to meet the challenge. I have been advised about the expectations of dual enrollment classes by one or more of the following individuals: my counselor, an administrator, and/or have attended the Dual Enrollment information session for the 2026-2027 school year. I am committed to completing the dual enrollment courses during the school year for which I have registered.

I am currently registered for the following dual enrollment courses:

1.
2.
3.
4.

By signing this agreement, I understand and agree to the following conditions and expectations involved in taking one or more dual enrollment class in Athens City Schools:

- Must meet the cumulative G.P.A requirement required.
- Must meet the ACT composite score, if required.
- Must be able to pay for tuition and textbooks for 3 college credits.
- Must provide own transportation
- Requires parent permission letter and counselor approval.

I give permission for _____ to participate in the Dual Enrollment Program. I have read and understand the above information. I also understand that a student must provide his/her own transportation. By signing below, I give permission for my student to leave school early and drive to a college or university for dual enrollment purposes.

Student Signature

Date

Parent Signature

Date

This agreement should be completed and turned in with your registration form.