## Carroll County Public Schools / Carroll Community College DUAL ENROLLMENT REQUEST FORM

Part I: Student Information (completed by st	tudent)						
Last Name:	First Name:			DOB:			
Address:							
Home Phone: Cell Pho	one:		Current Grade:	11	12		
Yr. of Graduation: Current	Graduation: Current High School:						
Request Enrollment at: CCC Campus				Other:			
Check			Name of Post	-Secondary Inst	itution		
	Spring S	Summer	Evening	Year:			
NOTE: College courses taken during the summer must be pre-approved by the principal.  There is NO tuition discount for summer courses.							
Part II: High School Requirements/Pre-Approx							
(completed by High School Counselor p		enrollment)	)				
Student's GPA:							
Required High School Credits Remaining	Classes Sche	duled to Fu OR	Ifill Requirements  Dual Enrollment	Sem/Mo	od		
					<u> </u>		

Approved courses earning college credit will be awarded credit and be reflected on the high school transcript.

1-credit and 2-credit CCC courses earn .5 CCPS credit.

3-credit, 4-credit and 5-credit CCC courses earn 1 CCPS credit.

Grades will be calculated into the high school GPA. Subject-specific credits may count toward high school graduation.

## Part III: Student and Parent Signatures

My signature below verifies that I have met the requirements and understand that it is my responsibility to:

- attend New Student Orientation through Carroll Community College.
- contact the school office on a regular basis to find out about senior activities and deadlines.
- be responsible for my own transportation.
- seek the assistance of school administrators in resolving schedule conflicts, which may arise due to unusual circumstances.
- purchase required textbooks/materials at the College.

## I further agree to:

Counselor Signature:

- allow the College to share my status/grades with the home school counselor and other school personnel as appropriate.
- keep my school counselor informed of any changes that occur to this approved plan.

If I am 18 years old or older, in no event shall the Board of Education of Carroll County, its agents, or its employees be held responsible for any injury that may befall me or a third party during my participation in such events taking place off of school property, or in transportation to and from such events. Teachers of the College courses taught at my high school are hired by Carroll Community College to teach this course. All expectations and procedures of the College shall be enforced. Dual enrollment courses will not be given a grade on the report card at the "marking period." I understand that the <u>final grade</u> earned in my dual enrollment class will determine my academic eligibility status.

Student Signature:		Date:		
<ul> <li>My signature below verifies that I approve of this plan for</li> <li>My son/daughter will attend the Carroll Community</li> <li>We are responsible for purchasing required textboor</li> <li>We are responsible for the student's transportation</li> <li>The College will share my son/daughter's enrollment personnel as appropriate.</li> <li>In no event shall I hold the Board of Education of Camay befall my student or third party during his or litransportation to and from such events.</li> </ul>	College New Student Orientation oks/materials at the College.  Int status and grades with the hor orientation of the college.	me school counselor and other school ployees responsible for any injury that		
I recognize that college courses being taught at my son/ enrollment, they are working as adjuncts for the College I further understand that if my child withdraws from a assessed a \$25.00 fee per course as an obligation to	. All expectations and procedures college course after the refund po	of the College shall be enforced. eriod defined by the College, I will be		
established by Carroll, there will be no record on the hig  Parent/Guardian Signature:	h school transcript.	Date:		
Part IV: College Scheduling				
College/CCPS DE Course:				
College/CCPS DE Course:	Day(s):	Time(s):		
College/CCPS DE Course:	Day(s):	Time(s):		
Part V: Authorization/Approval				
		Approval Recommended		

Date:

Yes

No

Revised 01-21-21 COPIES: Student/Parent Counselor File