



This form must be reviewed and signed by the student, student's Parent/Guardian, and School Administrator in order to register. Please print and complete in blue or black ink only. For questions, please call (636) 422-2203 or email DualCredit@stlcc.edu.

Student Name: _____ STLCC Student ID: A _____
 High School: _____ School District: _____
 Student Phone Number: _____ Student email: _____
 Student Birth date: _____ Parent email: _____
 Semester & year of this Dual Enrollment coursework: ___ Fall ___ Spring ___ Summer Year: ____

Student Use				High School Use	STLCC Use
CRN	STLCC Subject & Number (ex. ENG 101)	Days/Times	Credit Hours	Eligible for HS Credit? Y/N	Prerequisite Met?

Parent/Guardian Authorization to Participate in STLCC Dual Credit/Dual Enrollment Program

Please initial each item below to acknowledge that you have read and understand the following:

- _____ Students will abide by St. Louis Community College policies and procedures as outlined in the Student Rights and Responsibilities statement, found at www.stlcc.edu/need2know.
- _____ To withdraw from a class, all students must complete and submit a Drop/Add Form to the Enrollment Services office at their STLCC college campus. Failure to officially withdraw from STLCC may result in an "F" on the student's permanent college transcript.
- _____ All courses remain on the student's permanent college transcript, including any grades and/or academic withdrawals.
- _____ It is the student's responsibility to check his/her class schedule/ in Banner Self-Service to be sure he/she is registered for the desired STLCC classes.
- _____ Parent/Guardian agrees to pay all tuition and fees that apply to the courses by the payment due date. In addition, the parent/guardian agrees to pay any late payment and collection fees if necessary.
- _____ (Student initial) Consent to release student information: In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and to facilitate an open working relationship among students, the sponsoring school district, and the STLCC dual credit/dual enrollment program, STLCC agrees to release student educational records as specified below.
 I/we give permission for the following educational records to be released:
 [x] All academic/transcript records (transcripts, enrollment and schedule, assessment data)
 [x] Instructor/classroom records (attendance, progress reports, final grades)
 [x] Student account records (tuition and fees, financial aid and scholarship information, fines, etc.)
 The persons and entities to receive the information specified above are listed below: High School Guidance Office, High School Registrar

Signature of Student _____ Date _____
 Signature of Parent(s)/Guardian _____ Date _____
 Parent/Guardian printed name: _____ Phone: _____

High School / School District Use:					
Student grade: 10	11	12	Cumulative GPA: _____	School District Pay?	Y N Other (please specify)
Anticipated Graduation Date: _____					
School Official's Signature: _____			email: _____		