

**Dual Enrollment Registration Form**

**Step 1: STUDENT INFORMATION**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am submitting this approval form for the following semester and year:**

**□FALL □ SPRING □ SUMMER 20\_\_ \_\_ For the \_\_\_\_\_\_\_\_\_\_\_ Campus**

CCC/FCC/RC

**Step 2: HIGH SCHOOL APPROVAL**

|  |  |  |
| --- | --- | --- |
| **5 Digit Course #** | **Course Title** | **Units** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total** |  |

|  |
| --- |
| Accommodations for students with disabilities are by regulation different for college classes than for high school classes. If you are a student with a documented disability (i.e., IEP, 504 plan, etc.) and/or you would like to know about accommodations available for the college course for which you are enrolling, or to request a copy of the **Dual Enrollment for Students with Disabilities-Technical Assistance Guide**, please contact Disabled Students Programs and Services (DSP&S) at 325-5230 (Clovis Community College), 442-8237 (Fresno City College), or 638-3332 (Reedley College). |

**Please Attach a High School Transcript. Forms without Transcripts will not be processed.**

High School Principal / Counselor- by signing below you acknowledge the following:

□ I have reviewed the academic record of the above-named student and certify that the student demonstrates adequate preparation in the course(s) listed and can benefit from advanced scholastic education. (Education Code 48800 (a))

□ SUMMER ONLY: I certify that I am limiting the number of recommendations to no more than five percent of the total number of pupils who completed the grade immediately prior to the time of the recommendation for summer session. (Education Code 48800 (d))

**High School Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*For Office Use Only:*

 *Student is participating in an AB 288 pathway (15 unit maximum)*

**DuE**:  Application  HS Transcripts  Signatures DuE verified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A&R**: Registered  STMC SPRO/Dual.HS program Date Entered:\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

**Step 3: STUDENT AGREEMENT**

By signing and initialing below you acknowledge you have read and understand the following:

\_\_\_ All SCCCD Dual Enrollment students are responsible for complying with the rules and regulations of the college as published in the FCC/RC/CCC catalog(s) and schedule(s) of classes. Please review these rules and regulations with your parent or guardian to ensure you have a successful experience.

**\_\_\_ Grades: By participating in a dual enrollment course you are creating a college transcript.** The grade(s) you earn in your SCCCD class(es) will become a part of your official college academic record.

\_\_\_ Students participating in Dual enrollment must make satisfactory academic progress (minimum cumulative GPA of 2.0 and completion of 51% of courses attempted) to maintain eligibility for financial aid when they begin college as a post graduate student (after high school graduation).

\_\_\_ I understand that SCCCD will release my final grades to my high school registrat.

Please note: The College has the right to restrict enrollment for reasons of health and safety, preparedness of the student, availability and college board policy. (References- California Education Code: Sections 48800-48802, 76001, 76300)

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| --- |
| **Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_** |

**Step 4: PARENT AGREEMENT**

By signing and initialing below you acknowledge you have read and understand the following:

**\_\_\_ Student Records:** Under Section 49061 of the Education Code, parents of community college students do not have a right of access to their children’s student records, regardless of whether the student is under the age of 18. In accordance with this regulation, students’ college records will be released to parents only with the written consent of the student. (Family Educational Rights and Privacy Act (FERPA) Authorization for Release of Information form may be obtained at Admissions &Records)

**\_\_\_ Contacting Instructors:** Your student is enrolled in a college course and it is important to understand that instructors work directly with students, as opposed to the type of parent interventions you may be accustomed to at the high school level. Under FERPA instructors are not required to discuss student performance or other student-related issues with parents.

**\_\_\_ Course Content/ Material:** Dual enrollment courses are taught to the rigor of a college course. Students will be using the same textbooks and syllabi as they would if they were taking a class on a college campus. As such, please be aware that discussion topics and course materials are generally designed for adult students and may not be appropriate for younger students.

\_\_\_ **Students with Disabilities Accommodations**: I have read the statement regarding DSPS accommodations on the reverse side.

**\_\_\_ Your son/daughter will receive no special consideration because s/he is a high school student and will be subject to the rules, regulations, and policies of the State Center Community College District.**

**Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_**

*Portions of this form were adapted from Santa Barbara City College’s Dual Enrollment Materials*

*Form Revised 3/22/19*