



Madison County Schools Dual Enrollment Approval Form

Dual Enrollment affords a student the opportunity to enroll in a postsecondary institution while attending high school for the purpose of earning credits toward a high school diploma and/or a post-secondary degree. A student must meet the following requirements to be eligible for participation.

1. Must have completed all required courses for grades 9 and 10.
2. Must have a "B" average in completed high school courses.
3. Must be able to pay tuition.
4. Must provide own transportation.

Student Name: _____ High School _____

Student Grade Level: _____ Student GPA: _____ Student ACT: _____

Approved DE Course (College Course Name & Prefix)	High School Course Replaced (Name & State Number)	Semester (Fall/Spring & Year)

RELEASE OF RECORDS

I authorize _____ (List name of Community College/University) to release my academic record each term to my high school. This release is counter signed by my parent or legal guardian if I am less than 18 years of age. This release shall remain in effect until I provide written notice to discontinue the release. I understand that I am subject to the Federal Education Rights and Privacy Act of 1974 (FERPA).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Authorized Signature

I hereby agree that the above student has an overall B average and has met all other enrollment criteria for Dual Enrollment and is granted permission to enroll in the courses listed above at the following Dual Enrollment provider:

(List name of Community College/University)

Counselor's Signature: _____ Date: _____

Principal's Signature (Or Designee) _____ Date: _____

Superintendent Signature (or Designee) _____ Date: _____