

Dual Enrollment Consent Form

Course #	Instructor	Period

Directions: Print clearly and neatly in blue/black ink.

Student Information

Name of High School: _____

Current Grade Level: _____ Anticipated Graduate Date: _____

Date of Birth (MM/DD/YY): _____ / _____ / _____ Gender: Male Female

Ethnicity

- Am Indian/AK Nati Asian Black/AA Ethnicity Unknown Hawaiian/Pac Isl
 Hispanics of Any Race Two or More Races White

Social Security Number (9 digits): _____ - _____ - _____

Name: _____
Last Name First Name Middle Name

Mailing Address: _____
Street Address Apt. #

_____ City State Zip Code Country

Student Phone Number: Home: _____ Cell: _____

Student Email Address: _____

Student Statement:

1. I have submitted an online application and certify that the information is accurate and complete to the best of my knowledge.
2. If accepted as a participant at Edward Waters College Dual Enrollment Program, I agree that during such times as I may be enrolled, I will abide by all of the rules, regulations, practices and policies established contractually for the High School Dual Enrollment Program by EWC and the Duval County School District, Private School, Charter School or Home School separately in relation to admissions policies, academic credit transfers, and specific program requirements, both as these policies and practices may be at the time of participation or as they may be changed during my continuance.
3. Failure to abide by all of the rules and regulations of this program will cause me to exit the Edward Waters College Dual Enrollment Program and return to full-time traditional high school course work.

Student Signature: _____ Date: _____

Print Parent Name: _____ Parent Phone: _____

Parent Signature: _____ Date: _____

High School Personnel Authorization

Counselor Statement: This student meets the established GPA, complete prerequisites (as applicable), has the high school classification criteria and demonstrates the academic readiness, social maturity and motivation to complete college level coursework. I recommend this student for the EWC dual enrollment program.

High School Counselor Name: _____ Phone: _____

Counselor Signature: _____ Date: _____