Shelby County Schools

Dual Enrollment Agreement

**Please print.**

Student Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Student ID

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_10 \_\_\_\_ 11 \_\_\_\_12

**(Check one)**

Parent Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Email Address

Phones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Cell Parent Work Parent Cell

By signing this agreement, I understand that the following conditions and requirements apply.

* I understand that I am expected to meet all admission requirements and pre-requisites for the Dual Enrollment course(s) I have selected. My high school counselor and principal must approve my courses before final approval is given by the SCS Dual Enrollment office. I understand that I must submit all required documents for admission and approval to the Dual Enrollment office by specified deadlines to participate in Dual Enrollment.
* I understand that I will be enrolled in a partnering college/ university as a Dual Enrollment student. My name will appear on the college’s class roster and the high school class roster.
* I thoroughly understand the course description and expectations of a college course. I agree to adhere to the college’s attendance policy. If I choose to withdraw, I must do so by the college’s withdrawal deadline. The withdrawal process requires approval from my school counselor, school principal and the SCS Dual Enrollment office. I understand that I may be responsible for withdrawal fees.
* I understand that to receive high school and college credit, I must complete the course and obtain a passing grade as determined by the college/university.
* I understand that SCS will add points to each semester grade. Points vary per course.

**Fee Requirements:**

* I understand that I must apply and be awarded the TSAC Dual Enrollment grant. I thoroughly understand I must adhere to the rules and regulations of the TSAC grant for scholarship funding. <http://www.tn.gov/collegepays/article/dual-enrollment-grant> Economically disadvantaged students (Free and Reduced) will receive financial support from a combination of TSAC State Grant, College Institutional Funds and District funds when available. Students not in this economic category are responsible for tuition gap fees and books that are not covered by TSAC and institutional funds.

I affirm that I have read this agreement and I will abide by its conditions and requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

I affirm my student’s decision and I understand the ramifications of this decision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Students need teacher and administrative approval to enroll in Dual Enrollment courses. If permission is granted, students should be aware of the added demands on time despite the time demands of extracurricular activities, college applications, and work hours.