



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 (314) 539-5002 or email AskUs@stlcc.edu.

Student Name: _____ STLCC Student ID: **A** _____
 High School: _____ School District: _____
 Student Phone Number: _____ Student Email: _____
 Student Birth Date: _____ Anticipated HS Graduation Date: _____
 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's Dual Enrollment Program

Each Dual Enrollment student and their parent/guardian must review the information below and sign indicating that they understand and accept responsibility for the decision to enroll.

1. The student must adhere to all college policies and deadlines as outlined in the college catalog and Student Code of Conduct. Violations of the Code of Conduct will result in disciplinary action as outlined by the STLCC discipline process. Parents/Guardians are responsible for any student supervision required when the student is on campus but not in class.
2. There could be classroom discussion or materials that the student and/or parent/guardian may not consider age appropriate. If the student or parent/guardian is not comfortable with an assignment or classroom discussion, the faculty member is not required to substitute an alternate activity or grading exercise.
3. The grade received by the student is part of the student's permanent post-secondary academic record and may affect the student's eligibility for college scholarships or freshman/first-time status at other institutions of higher education.
4. While the student will have equal access to any academic support services offered to the student body, no extraordinary academic measures will be granted the student due to being a dual enrollment student.
5. The faculty member may provide standard updates on academic progress directly to the student. This may include graded homework, graded test papers, etc. In a college environment, attendance is not reported, and faculty members do not provide written or personal/telephone summaries throughout the semester.
6. To withdraw from a class, the student must complete and submit a Drop/Add Form to the Admissions and Enrollment Services office at their STLCC campus. Failure to officially withdraw from STLCC may result in an "F" on the student's permanent college transcript.
7. It is the student's responsibility to check their class schedule in Banner Self-Service to be sure they are registered for the desired STLCC classes. In addition, it is the student's responsibility to establish and check their MySTLCC email account.
8. The Student and Parent/Guardian agree to pay all tuition and fees that apply to the courses by the payment due date. In addition, the student and parent/guardian agree to pay any late payment and collection fees if necessary.

I have reviewed the information above. I acknowledge the responsibilities and limitations as outlined.

Parent/Guardian Signature (Required) _____ Date _____
 Parent/Guardian Printed Name: _____
 Parent/Guardian Email: _____ Phone: _____

Student Acknowledgement and Consent to Release Student Information

In addition to the information above, I consent to the following:

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 enrollment program, STLCC agrees to release student educational records as specified below.

I give permission for the following educational records to be released:

- All academic/transcript records (transcripts, enrollment and schedule, assessment data)
- Instructor/classroom records (attendance, progress reports, final grades)
- Student account records (tuition and fees, financial aid and scholarship information, fines, etc.)

The persons and entities to receive the information specified above are: High School Counseling Office, High School Registrar

I have reviewed the information above. I acknowledge the responsibilities and limitations as outlined.

Signature of Student _____ Date _____

School District Use:								
Student Grade Level:	10	11	12	Cumulative GPA: _____	School District Pay?	Y	N	Other (please specify)
School Official's Signature: _____					Email: _____			