



Dual/Concurrent Credit High School Registration Permission Form

Term: Fall ☒ Spring ☐ Summer ☐ Year: 20 20 New Dual Credit Student ☐ Returning Dual Credit Student ☐

Name of Student: _____ CWID# _____ DOB: ____/____/____

Current School: Community H/S Current Grade Level: Other HS Graduation Date (MM/YYYY): ____/____/____

I understand that if I am admitted under this program, I will abide by the rules and regulations of Collin College, including official registration and withdrawal procedures. I also understand that academic information such as test scores and college transcripts will be provided by Collin College upon request to my corresponding high school.

I understand that I will be registering in a college credit course(s) and will receive a performance (letter) grade which will be recorded on my permanent record at Collin College. Tuition must be paid by posted payment deadline. Courses follow the Collin College calendar as outlined in the student Registration Guide. **I acknowledge that turning in this form only grants me permission to take courses and that I must register online through my CougarWeb account.**

Continued participation in this program requires: 1] satisfactory academic performance as it relates to Collin College's Academic Standards defined in the *College Catalog* 2] parental (if under 18) and school approval for each subsequent semester of enrollment.

Official high school transcripts are not required to participate in the Collin College Dual Credit Program. However, one may be required to demonstrate college readiness and to confirm academic information such as test scores, grade classification, vaccination, and other pertinent information.

I certify that I intend to enroll for the above term in a dual credit course that will be taught online or at a public or private K-12 facility, not located on a Collin College campus. I understand that if I enroll in course(s) that will be taught at a Collin College campus that I will be required to provide proof of a valid vaccination at least 10 days prior to the first day of the first semester or the course(s) will be dropped from my schedule.

Student Signature

Date

To be Completed by Parent or Legal Guardian

I agree to these provisions of admission and enrollments hereby listed for consideration of the student's acceptance and understand he/she must abide by the rules and regulations of Collin College. I understand the student will be responsible for any charges remaining on his/her account not covered by any applicable waivers and is subject to Collin College's Student Financial Responsibility Agreement.

I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs. I understand that once the student is registered in a college course he/she is under the rules of the Family Educational Rights and Privacy Act (FERPA), and I may not have access to my student's records without his/her written permission on the FERPA release form.

My signature below acknowledges that I have read and understand the policies above.

Parent / Legal Guardian Signature

Date



Community ISD Staff will complete this page based on course selections in Tyler, prerequisite requirements, and student eligibility. Students will hear from their counselor with registration instructions.

Name of Student: _____ CWID# _____ DOB: ____/____/____

To be Completed by High School Counselor or Official

Course Name and Number (ENGL 1301, GOVT 2305, etc.)	CRN	Dual Credit	Concurrent Credit
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Eligible for TSI waiver based upon:

Enrollment in a certificate program

PSAT/NMSQT:

EBRW: _____ / _____
(460 or higher) Test date (mm/dd/yyyy)

Math: _____ / _____
(510 or higher) Test date (mm/dd/yyyy)

ACT Aspire:

English: _____ / _____
(435 or higher) Test date (mm/dd/yyyy)

Math: _____ / _____
(431 or higher) Test date (mm/dd/yyyy)

Not eligible for TSI waiver ☐

STAAR:

English II: _____ / _____
(4000 or higher) Test date (mm/dd/yyyy)

Algebra I: _____ / _____
(4000 or higher) Test date (mm/dd/yyyy)

Final Numeric Grade in Algebra 2 course: _____
(Grade of 70% or higher)

The above name student is eligible for the National School Lunch Program (NSLP), also known as free/reduced lunch program, for the specified term as listed on this form.

Yes, eligible ☐ No, not eligible ☐

My signature certifies that the above information on this form is true and correct.

High School Counselor or Official Signature

Date

Date Received: _____ **Collin Staff Initials:** _____