Participation Form

Parent/Guardian must sign to allow student to participate in Dual Enrollment.

Please return to your high school counselor.

To be Completed by Student and Parent

HIGH SCHOOL: ____________________________________________

STUDENT NAME: (Print clearly) ________________________________________

EMPL ID: (Print clearly) ____________________________ First (REAL) Last

My signature below confirms that I am the parent/guardian of the above high school student and that he/she has my consent to enroll in VHCC Dual Enrollment course(s). My signature also confirms that I understand that dual enrollment courses are college courses and are more rigorous than high school courses. Sophomores must receive the approval of the high school principal to enroll. Please note that enrollment is contingent upon meeting GPA criteria established by VHCC.

Signature: ____________________________________________ Date

Parent/Guardian

Signature: ____________________________________________ Date

Student

High School Office Use: To Be Completed by School Official. Principal signature required for sophomores. By signing below, I give this student permission to enroll in VHCC Dual Enrollment.

Student Grade Level: __________________________ GPA: __________

Signature: ____________________________________________ Date

School Official

VHCC Office Use: To Be Completed by VHCC Official. By signing below, I give this student permission to enroll in VHCC Dual Enrollment.

Signature: ____________________________________________ Date

VHCC Official