

Dual Enrollment

Virginia Highlands Community College

www.vhcc.edu/DualEnrollment • de@vhcc.edu • (276) 739-2480

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) _____
First (REAL) Last

EMPL ID: (Print clearly) _____

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: _____
Parent/Guardian Date

Signature: _____
Student Date

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: _____
School Official Date

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

Signature: _____
VHCC Official Date