

**Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: \_\_\_\_\_

LA Secure ID: \_\_\_\_\_ High School: \_\_\_\_\_ Class (circle one): 9 10 11 12

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**Course Enrollment (to be completed by high school instructor/counselor):**

Indicate Term: Fall / Spring / All Year	High School Course:	NTCC Course:	Instructor:

**Parent and Student Consent/Certification:**

- I certify that all information provided on this application is correct.
- If my child is approved for participation in dual enrollment courses, he/she will comply with all the requirements.
- I understand that I am responsible for additional costs not covered by state, district, or school.
- I understand that high school and college grades earned in dual enrollment courses will be on my child's permanent high school and college records.
- I do hereby authorize the college and high school the right to share relative student information as described in Louisiana Act 837, R.S. 17:3913 and 3996(B)(34) with the Louisiana Board of Regents, Louisiana Community & Technical College System, institutional accrediting bodies, Louisiana Office of Student Financial Assistance, and, if applicable, all programmatic, registry and licensure accrediting bodies.
- I understand that the grades my child earns on college courses in which he/she enrolls through the dual enrollment programs will be used by other programs, including TOPS, to determine his/her continuing eligibility for those program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Principal or Designee's Certification:**

I certify that the student completing this application has permission to participate in the dual enrollment programs, funding source eligibility, and that the information provided for this student by the high school is correct.

\_\_\_\_\_  
Principal or Designee's Signature

\_\_\_\_\_  
Date

Funding Source(s) – Check all that apply:		
<input type="checkbox"/> TTES	Exam (circle): ACT   Pre-ACT	English: _____ Math: _____
<input type="checkbox"/> Bill to School	<input type="checkbox"/> Bill to Student/Parent	