

Dual Enrollment (DE) Student Participation Agreement FY 2021

This agreement is subject to change to meet new legislation created in the 2020 GA legislative session.

The Dual Enrollment (DE) program provides opportunities for eligible students in grades 9-12 to enroll part or full-time in postsecondary institutions and take college courses to earn both high school and college credit.

Student's Name _____ Today's Date _____
Student's High School _____ Date of Birth _____
Student's School System _____ 9th Grade Entry Date _____
Anticipated Graduation Date _____ Current Grade Level _____

I. Dual Enrollment (DE) Requirements (MUST be Reviewed and initialed by Parent/Guardian)

- _____ The student's Individual Graduation Plan has been updated to reflect the plan of study through the DE program.
- _____ All attempted DE courses and the course grade will become part of the student's high school permanent transcript.
- _____ Participating students must complete their part of a DE Funding application, each term, before attending classes that term .
- _____ The eligible DE student must contact their high school DE advisor for approval before any course/schedule changes are made.
- _____ The student and parent/guardian acknowledge that if a participating DE student withdraws from a college course, the high school will make its best attempt to place that student in a corresponding high school or virtual course to meet course completion and graduation requirements. If no corresponding course or credit recovery opportunity is possible, the local school system shall determine how the course will be recorded: as a withdrawal or incomplete on the student's transcript. Student and Parent acknowledge understanding of the local school system policy regarding withdrawal from DE classes.
- _____ DE expectations and responsibilities have been shared by the DE advisor and all student and parent/guardian questions/concerns have been discussed.
- _____ The parent/guardian acknowledges that the U.S. Department of Education requires that all post-secondary institutions provide training on sexual assault awareness and prevention under the Violence Against Women Act. This mandatory training information will be provided by post-secondary institutions at no cost and could include DE students.
- _____ A student participating in the **Option B**/High School Postsecondary Graduation Opportunity(SB2) must complete all state-required coursework and assessments per the GADOE assessment guidelines/requirement, whether courses are taken at the high school or through DE. **Option B**/High School Postsecondary Graduation Opportunity) program requirements can be found here: <https://www.gadoe.org/External-Affairs-and-Policy/State-Board-of-Education/SBOE%20Rules/160-4-2-.34.pdf> and discussed with the DE advisor during the advisement session.

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Note: Copies of this completed form should be provided to the students, parents/guardians, and postsecondary institution(s).
Note: This completed form should not be forwarded to the GA DOE nor the Georgia Student Finance Commission.

II. General Information (MUST be Reviewed and initialed by Parent/Guardian)

_____ **Generally, DE classes** taught on the college campus follow the college calendar and DE classes taught on the high school campus, during their scheduled school day, may follow the high school calendar.

_____ Students participating in DE college courses should do so with the knowledge that the course work may be more rigorous and challenging than high school courses. Students are held to a higher degree of independent responsibility and accountability than in regular high school classes.

_____ Students may be responsible for additional costs, such as course or lab fees/supplies, and/or fees charged for late or damaged textbooks.

_____ Only full-time DE students are eligible to take PE at any USG institution. PE classes are not available to DE students at TCSG institutions. Students must check with private institutions for their policies.

_____ Post-secondary institutions provide DE students with educational and social opportunities beyond the classroom, including clubs, organizations and activities in which DE students may participate.

_____ There is a maximum of 15 semester or 12 quarter hours, per term, funding limit.

_____ Students must give HS DE advisor proof of acceptance into chosen DE post-secondary institution before attending DE classes.

III. Dual Enrollment Release of Information

I, _____, hereby grant permission for the DE post-secondary institution to
(Student Name – Please Print)
release information of my enrollment and grades, including class schedules and transcripts, to my high school DE advisor, for the purpose of verifying my high school graduation requirements. I also grant permission for my high school DE advisor to release transcripts to my DE post-secondary institution. This release will remain in effect throughout my enrollment as a DE student.

IV. Dual Enrollment Participation Signatures

STUDENT:

Student Name (PRINTED) _____ **Date** _____

Student Signature _____ **ent Phone Number** _____

Student Email _____

PARENT:

Parent Name (PRINTED) _____ **Date** _____

Parent Signature _____ **Parent Phone Number** _____

Parent Email _____

HS DE Advisor:

Advisor Name (PRINTED) _____ **Date** _____

Advisor Signature _____ **Advisor Phone Number** _____

Advisor Email _____

Dual Enrollment Funding Application Changes:

This Participation Agreement will be included in the new DE FUNDING APPLICATION that will be completed ONLINE through www.gafutures.org – by all DE Students, Parents, High school advisors, and College Advisors - starting the SUMMER 2020 term. GA Student Finance Commission (GSFC) expects availability of by beginning of March 2020 and will release training documents for all parties.

This release time is subject to 2020 legislative changes to the current DE program.

"High School Postsecondary Graduation Opportunity"/ "SB2(2015)" / "OPTION B"

Check Below indicating which credential will be earned:

___ Associate Degree

___ Technical College Diploma

___ Two (2) Technical College Certificates (TCCs) on **Approved SB2 list** <http://bit.ly/3aQN1KP>

Program of Study Area in which credential will be completed

_____ (ex: Welding or World Language, etc.)

Student Name Printed _____ **Date** _____

Student Signature _____

Student Phone Number _____

Student Email _____

Parent/Guardian Name Printed _____ **Date** _____

Parent/Guardian signature _____

Parent Phone Number _____

Parent Email _____

HS DE Advisor Name Printed _____ **Date** _____

HS DE Advisor Signature _____

Phone Number _____

Email _____

*Note: Copies of this completed form **should be provided** to the students, parents/guardians, and respective postsecondary institution(s).*

*Note: This completed form **should not be forwarded** to the Georgia Department of Education or the Georgia Student Finance Commission.*

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