Dual Enrollment Approval Form: 16 or 17 Year-old

Student Last Name: ___________________  First Name: ___________________

Birth Date: ___________________  LCC ID #: ___________________  HS graduation year: ___________________

Semester of Attendance: ___________________  Year: ___________________

Spring (January)  Summer (June)  Fall (August)

Note to Parents and Students
It is the responsibility of the student to provide the Enrollment Services Office with the completed Dual Enrollment Form prior to enrollment in classes. Students who register prior to submitting this form are subject to being dropped from their courses. This form must be completed for each semester of enrollment until the student has completed the senior year of high school or reaches age 18. LCC requires basic skills assessment for all new students. A student may audit or take the course(s) for credit.

Student FERPA Disclosure (Check one box only)

☐ I hereby allow the release of all aspects of my educational records, directory information (as allowed under the Family Educational Rights and Privacy Act), and student finance information to my parent/legal guardian shown below. All educational/financial records for this semester of attendance may be shared with him/her.

☐ I do not agree to allow my parent/legal guardian to have access to my educational records/directory information/student finance records.

_________________________________________  Date: ____________________________
Signature of Student

Parent/Legal Guardian Approval
I, the undersigned, approve the above-named student to enroll at Lansing Community College. I confirm that my son or daughter will be at least 16 years of age and will have completed the 10th grade on the first day of the semester. Furthermore, I will assume financial responsibility for any and all costs associated with my child’s attendance at Lansing Community College, if not covered by any other means. I waive any claim against Lansing Community College for injury, loss or damage whatsoever, caused by any person rendering any services of the program caused by outsiders. I understand that my son or daughter is participating in an adult educational environment and I hereby assume responsibility and hold Lansing Community College harmless for any adverse consequences of that participation. I understand that enrollment is contingent upon an available open seat in the course(s) selected.

_________________________________________  Daytime Phone: ____________________________
Print Parent/Legal Guardian Name

_________________________________________  Date: ____________________________
Address  City  State  Zip Code

_________________________________________  Birth Date: ____________________________
Signature of Parent/Legal Guardian

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Completed forms may be faxed, mailed or delivered in person. Please allow two business days for processing.
High School Recommendation - (Required only the first semester of enrollment)

I recommend enrollment of this student at Lansing Community College. I have conferred with the student and family and believe this enrollment is in the best interest of the student. I affirm that the student will have completed the tenth grade by the first day of classes at LCC.

_________________________________________________ LCC ID or Date of Birth: _______________________

Student (Legal) Name

_________________________________________________ Date: _____________________

Signature of School Official

School ________________________________________________________ Phone: ___________________________

Important Note About Drop for Non-Payment

If the school is going to pay for the student’s course(s) in full or in part, the Billing Authorization form must be on file by the student’s payment due date. In the case of partial payment, the student must also pay his/her portion by the payment due date. Students who do not have properly completed Billing Authorizations on file or who have not made payment of their portion of the bill will be dropped on the drop dates published in the course schedule book (available on-line). The payment due date can be viewed online on the student bill page. Billing Authorization forms should be submitted with this form to the Enrollment Services office as early as possible. Please allow a minimum of two business days for processing.