HIGH SCHOOL DUAL ENROLLMENT APPROVAL FORM

Last Name: 
First Name: 
Banner ID/Username: 
Date of Birth: 

Name of School: (Write "Home School" if Home Schooled) 

Anticipated High School Graduation Date: 

Approved Semester:  
□ Fall 20____ (August – December)  
□ Spring 20____ (January – May)  
□ Summer 20____ (May – August) 

High School Recommendation (REQUIRED) *Not Applicable for Home School Students 
I recommend the enrollment of this student at Lansing Community College for the approved semester(s) indicated above. I will notify the Registrar’s Office if approval is revoked. I have conferred with the student and parent/guardian and believe that enrollment is in the best interest of the student. I affirm that the student will have completed eighth grade by the first day of classes at Lansing Community College.

Name of School Principal: (Please Print) 
Signature: Date: 

Parent/Legal Guardian Approval (REQUIRED) 
I, the undersigned, approve the above named student to enroll at Lansing Community College. I can confirm that my student will have completed the eighth grade by the first day of the semester. Furthermore, I will assume financial responsibility for any and all costs associated with attendance at Lansing Community College, if not covered by other means. I understand that home school students are eligible for funding only if they are enrolled in a minimum of one class at a public high school or state approved non-public high school and are responsible for working with the respective school district for more information on eligibility requirements. 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 student 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: 
Address: (If Different from Student Address) 
Email Address: 
Signature: Date: 

Note to Parents/Legal Guardians and Students: This form must be submitted to the Registrar’s Office to be eligible to enroll in classes. Students who register prior to submitting this form are subject to being dropped from their courses and incurring a balance. This form may be completed for multiple semesters of dual enrollment, up to one full academic year (Fall, Spring, Summer) as long as it corresponds to the student’s status for those semesters. Approval is required for each semester until the student has completed their senior year of high school.