



Student Finance 309 N. Washington Sq. Suite 200  
 Lansing, MI 48933  
 Phone: 517-483-1200; Email: [LCC-HSDualEnrollment@lcc.edu](mailto:LCC-HSDualEnrollment@lcc.edu)

First Name
Banner ID or Username
Date of Birth
Street Address
City, State, Zip
Phone Number

Semester of Enrollment (Separate Form Required for Each Semester)	Check Only One	Year
Fall (begins August)		
Spring (begins January)		
Summer (begins May)		

Summer Semester is **NOT** covered by the Michigan Department of Education.

## NON-PUBLIC DUAL ENROLLMENT BILLING AUTHORIZATION FORM

### Student Information

The Michigan State Legislature passed Public Act 160 of 1996, the Postsecondary Enrollment Options Act and Public Act 258 of 2000, the Career and Technical Preparation Act also known as the "Dual Enrollment" bills. These bills modify and expand on provisions of the State School Aid Act providing for students to earn college credit while in high school. The bills also require that the board of a school district or public school academy ensure that each student in eighth grade or higher be given information about college course taking opportunities. The classes that students are eligible must not be offered by the high school or academy and must lead towards postsecondary credit, accreditation, certification and/or licensing.

### Non-Public School Information

Name of State-Approved Non-Public School
Number of Classes Considered Full-time at High School

Lansing Community College will transmit a bill to the Michigan Department of Education, detailing the tuition and fees of the dual enrolled pupil for all eligible courses enrolled. **The parent or legal guardian is responsible for any unpaid tuition and fees on the student account.**

### Parent/Guardian Information

Last Name
First Name

Last Name
Street Address
City, State, Zip
Phone Number

**I, understand that as the parent/guardian, am responsible for payment of tuition and fees even if the student drops classes during LCC's 50% refund period or LCC's 0% refund period. I will assume financial responsibility for costs associated with my child's attendance at Lansing Community College, if not covered by any other means. I understand a FERPA release must be on file to review any of my student's financial records.**

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Parent/Legal Guardian's Signature      Date