



Admissions, Registration & Records  
411 N Grand Ave  
Lansing, MI 48933  
Phone: 517/483-1200  
LCC-HSDualEnrollment@lcc.edu

## Dual Enrollment Approval Form: 14 or 15-Year-Old

### Student Information: (please print clearly)

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

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

Banner ID or Username: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High School Graduation Month & Year: \_\_\_\_\_

### Semester(s) of Dual Enrollment

Circle semester(s): \_\_\_\_\_ Year \_\_\_\_\_

Fall (*begins August*) \_\_\_\_\_

Spring (*begins January*) \_\_\_\_\_

Summer (*begins June*) \_\_\_\_\_

### Note to Parents and Students:

It is the responsibility of the student to provide the Admissions & Records Office with a completed Dual Enrollment Approval Form prior to enrollment 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 thru 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 or reached 18 by the first day of the LCC semester.

### 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 Acts – FERPA), and student finance information to my parent/legal guardian shown below. All educational and financial records for semester(s) of attendance indicated above 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 for:

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Semester \_\_\_\_\_

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Semester \_\_\_\_\_

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_ Semester \_\_\_\_\_

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 14 years of age and will have completed the 8th grade by 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 section selected and approval from the department/division.

Print Parent/Legal Guardian Name

Daytime Phone

Address

City

State

Zip Code

Signature of Parent/Legal Guardian

Email

Date

**High School Recommendation** - (Required only the first semester of enrollment. Not required for subsequent semesters.)

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 eighth grade by the first day of classes at LCC.

Student (Legal) Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_  
Print Name of Principal

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of School Principal

\_\_\_\_\_  
School

**Important Note About Drop for Non-Payment**

If the student's school is going to pay for any portion of the student's course(s) the Dual Enrollee Billing Authorization form must be submitted by the student's payment due date. In the case of partial payment, the student must pay his/her portion by the end of the semester or prior to registering for the next semester. Students who have not submitted properly completed Billing Authorizations by their payment due date are at risk of being dropped for non-payment. The payment due date can be viewed online on the student bill page. Billing Authorizations may be submitted with this Dual Enrollment Approval form to the LCC Admissions, Registration & Records office at email: LCC-HSDualEnrollment@lcc.edu. Please allow a minimum of 3 business days for processing Billing Authorizations.

**Students:** After taking your Placement Tests or submitting ACT or SAT scores return your completed form to the LCC Admissions, Registration and Records Office. Forms may be emailed to **LCC-HSDualEnrollment@lcc.edu** or faxed to (517)483-9668 or mailed to the address on the front of this form or delivered in person to the Star Zone in the Gannon Bldg. 2<sup>nd</sup> floor Our staff will forward your documentation to the academic department(s) that offer the courses listed under the Parent/Legal Guardian Approval section. You will be contacted when the review has been completed.

*Please allow 5 business days for processing.*

+++++For LCC Office Use Only+++++

**LCC Academic Department Review**

**Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

**Approved:** I approve enrollment of the above named student for:

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_

**Not Approved\*\*:** I deny enrollment of the above named student for:

Course Number \_\_\_\_\_ Course Title \_\_\_\_\_

**\*\*Please contact student to inform them of denial and discuss other enrollment options.**

\_\_\_\_\_  
Signature of Department Official

\_\_\_\_\_  
Date