



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

## Home School 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 ( <i>begins August</i> )	_____
Spring ( <i>begins January</i> )	_____
Summer ( <i>begins June</i> )	_____

**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

Please print clearly:

Student (Legal) Name: \_\_\_\_\_ Banner ID or Username \_\_\_\_\_

High School: *Home School*

**Students:** After taking your Placement Tests or submitting ACT 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 at the StarZone 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