



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

Home School Dual Enrollment Approval Form: 16 or 17-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. 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.

Print Parent/Legal Guardian Name Daytime Phone

 Address City State Zip Code

Signature of Parent/Legal Guardian Email Date

Please allow 3 business days for processing. Completed forms may be submitted by email (see address above) or delivered in person at the StarZone, Gannon Bldg. 2nd floor.

Revised 10/2016