

# Dale County Dual Enrollment Student/Parent Agreement

## Dale County High School

### 2020-2021

\*Must be completed in Blue or Black ink only\*

Student: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Grade: \_\_ 10<sup>th</sup> \_\_ 11<sup>th</sup> \_\_ 12<sup>th</sup> GPA Verification \_\_\_\_\_ NEW Dual Enrollment: Student \_\_ Yes \_\_ No

#### ACADEMIC DUAL ENROLLMENT CHECKLIST

- \_\_\_\_\_ Student/Parent Agreement Signatures. (Located on the back of this paper)
- \_\_\_\_\_ Completed Dual Enrollment Application (Turned in by the deadline – *IN INK per college requirements.*)
- \_\_\_\_\_ Identity Verification Form. (*To Be Completed Online*) (ESCC only)
- \_\_\_\_\_ Photo ID (*Driver's License, Permit, State ID, or Passport – due at time of application submission*)
- \_\_\_\_\_ High School Transcript (*Copy provided when you turn in application*)
- \_\_\_\_\_ \* ACT or Accuplacer score report. (English or Math courses only – see below)

#### CTE DUAL ENROLLMENT CHECKLIST

PROGRAM OF STUDY - \_\_\_\_\_

- \_\_\_\_\_ Student/Parent Agreement signatures (Located on the back of this paper)
- \_\_\_\_\_ Completed Dual Enrollment Application (Turned in by the deadline – *IN INK per college requirements.*)
- \_\_\_\_\_ Identity Verification Form (*To be completed online*) (ESCC only)
- \_\_\_\_\_ Photo ID (*Driver's License, Permit, State ID, or Passport – due at time of application submission*)
- \_\_\_\_\_ High School Transcript (*Copy provided when you turn in application*)
- \_\_\_\_\_ KUDER Career Assessment (Results attached to application. Student's responsibility.) ([www.al.kuder.com](http://www.al.kuder.com))
- \_\_\_\_\_ KUDER 4-Year Plan (Attached to application. Student's responsibility.) ([www.al.kuder.com](http://www.al.kuder.com))

#### LIST OF COURSES STUDENT IS APPROVED TO TAKE EACH SEMESTER

Term	Academic	Career Tech
Summer - 2020		
Fall - 2020		
Spring - 2021		

\*Must meet minimum ACT or Accuplacer Score to qualify for English and Math core academic courses.

- Students must have an ACT English score of 18 or higher to place into ENG101.
- Students must have an ACT Math score of 18 or higher to place into MTH100.  
 MTH112 requires ACT Math score of 22. MTH113 requires ACT Math score of 23 or 24. MTH125 requires ACT Math score of 25 or higher.
- ACT scores are documented on the back of your transcript. Will be provided when you turn in application.

**Dale County Dual Enrollment Student/Parent Agreement**  
**Dale County High School**  
**2020-2021**

*At Dale County Schools, we are fortunate to have working partnerships with local community colleges to offer our students Dual Enrollment (DE) credits. Please read this page carefully to understand the Dual Enrollment Guidelines.*

**STUDENT/PARENT AGREEMENT**

- We understand enrolling in Dual Enrollment courses begins the student's college transcript, which is permanent.
- We understand that, if a student withdraws without penalty from a Dual Enrollment course, he/she must notify the school counselor the same day. The student must follow Community College procedures in order to withdraw from a course. Failure to notify school counselor and return to high school will result in a truancy violation. If course is a core academic (English, History, Math or Science), the student will receive a failing grade (55) for the core course and be placed into an elective course at the high school. If withdrawn course is an elective, the student will be placed into an elective course at the high school and receive the grade earned in that course.
- We understand it is the student's responsibility to submit all Dual Enrollment paperwork to the counselor or designee by the deadline.
- We understand the student will have to provide transportation to and from the college campus if required.
- We understand that sometimes scheduling conflicts between the high school and the college may prevent participation in Dual Enrollment.
- We understand college students operate independently of their parents. Therefore, parents do not have access to grades, progress, or the instructor at the college level, as they would at the local high school. Furthermore, Dale County Schools does not have access to the student's grade(s) in a Dual Enrollment course(s) until final grades are issued.
- We understand that, for most academic Dual Enrollment courses, tuition will be due to the college at the current college tuition rate and tuition is due by the college's deadline unless paired with a Career Tech course in same semester that is eligible for the Workforce Grant.
- We understand that if a student takes a Career Tech and Academic course being paid by the Workforce Grant but fails to pass the CTE course, this will result in non-payment for academic course that then **MUST** be paid by student.
- We understand that it is the student's responsibility to register on the date required by the college for the approved registered classes. After registering, the student must sign into the Blackboard or Canvas and print their schedule. This schedule is due to your counselor or designee when you return from registering.

**Signatures:** *I understand and agree to the procedures outlined on this form.*

Parent: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
High School: \_\_\_\_\_  
Verified GPA: \_\_\_\_\_ ACT score: \_\_\_\_\_  
Wiregrass Foundation: \_\_\_\_\_yes \_\_\_\_\_no  
Workforce Development: \_\_\_\_\_yes \_\_\_\_\_no  
Program: \_\_\_\_\_



## Wallace Community College Dual Enrollment Program Application

**Checksheet for Dual Enrollment Application Packet – Application MUST BE COMPLETE or it will not be accepted for processing! USE A PEN – NO PENCIL!**

- \_\_\_\_\_ Application for Accelerated and Dual Enrollment.
  - \_\_\_\_\_ Parent Permission Form.
  - \_\_\_\_\_ Statement of Eligibility for Dual Enrollment.  
(Must be signed by school principal AND counselor to be complete!)
  - \_\_\_\_\_ Copy of CURRENT state-issued driver's license, permit or non-driver ID or current passport or alternative ID (contact Admissions Office for details).
  - \_\_\_\_\_ Copy of high school transcript (must be on a 4.0 scale)
  - \_\_\_\_\_ Official copy of ACT scores if not on high school transcript – IF TAKING ENG101 or a MATH class ONLY! (In lieu of ACT students may complete the placement test prior to registering for classes. You may register on our website [www.wallace.edu](http://www.wallace.edu) for the Accuplacer placement test.
- FOR CAREER-TECHNICAL STUDENTS: (required for scholarship consideration)
- \_\_\_\_\_ Copy of four-year career plan which clearly indicates the chosen CT field.
  - \_\_\_\_\_ Copy of Career Assessment (KUDER) to determine suitability for chosen CT field.

**STUDENTS: Make sure ALL the forms are signed and all the blanks are filled. We MUST have an e-mail that you check regularly and a social security number!**

**Please keep a copy of your application packet for future reference.**

\_\_\_\_\_  
Student Signature



# Wallace Community College

*Wallace Campus in Dothan • Sparks Campus in Eufaula*

## Application for Dual Enrollment/Accelerated Credit



www.wallace.edu

*This application is for accelerated credit and/or dual enrollment purposes. Once you have graduated high school you must complete WCC's regular Application for Admission to be admitted as a college student*

For Office Use Only: Student # \_\_\_\_\_ Photo ID \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_

Which WCC campus will you attend?  Wallace Campus in Dothan  Sparks Campus in Eufaula

What term do you plan to enroll?  Fall  Spring  Summer Year \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
 Last Name First Name Middle Name

If applicable, please provide any other names under which transcripts from other institutions may be listed \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_ Employer's Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Alternate Email \_\_\_\_\_

High School You Attend? \_\_\_\_\_ City/State \_\_\_\_\_ Anticipated Year of Graduation \_\_\_\_\_

Name of person to notify in case of emergency \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you lived in the State of Alabama for the past twelve months?  Yes  No Are you a United States Citizen?  Yes  No

Self-identification of information regarding sex, ethnicity, and race is optional. If you choose to self-identify, the information will be used only for federal/state reporting and will not affect the admission decision in any way. Sex:  Male  Female

What is Your Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

What is Your Race: (You may choose one or more of the listed categories.)  
 Asian  American Indian or Alaskan Native  Black or African American  Native Hawaiian or Other Pacific Islander  White

The College may release directory information without obtaining permission from the student. Examples of directory information include but are not limited to, student's name, address, telephone number, program of study, dates of attendance, and degrees awarded.

Do you wish to sign a non-release of directory information?  Yes  No  
*The College will honor your request to withhold directory information but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, the College assumes no liability for honoring your instructions that directory information be withheld.*

Have you previously attended any college other than Wallace Community College?  Yes  No If yes, list all colleges previously attended.

Name of Institution	City/State	Dates of Attendance	Degree Earned	Are you on suspension?

I certify that the information contained on this application is true and correct to the best of my knowledge. I understand that any false statements or information may result in disapproval of this application or expulsion from Wallace Community College.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Wallace Community College (WCC) is committed to equal opportunity education. The College is guided in philosophy and practice by the principle that individuals shall not be treated differently because of race, creed, religion, color, sex, age, national origin, or disability, and that legitimate and reasonable access to facilities shall be available to all. This principle particularly applies to the admission of students in all programs of the College in their academic pursuits. It is also applicable in extracurricular activities, all student development services, employment of students by the College, and employment of faculty and non-instructional staff. Therefore, WCC is in compliance with Title VI and VII of the Civil Rights Act of 1964, as amended; the Civil Rights Act of 1991; Executive Order 11246, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act; and the Americans with Disabilities Act of 1990. Wallace Community College is an Affirmative Action/Equal Employment and Educational Opportunity Institution. If you require special accommodations under ADA, please let us know.





# WALLACE COMMUNITY COLLEGE

## PARENT PERMISSION FORM AND HOLD HARMLESS AGREEMENT

Student's Program (Check One):  Dual Enrollment  Accelerated High School  Adult Education

Please Print.

Student's Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Parent(s) or Legally Appointed Guardian(s): \_\_\_\_\_

For purposes of this agreement, the student named above will hereafter be referred to as the student.

The undersigned student and the undersigned parent(s) or legal guardian(s) of the student grant permission for the student to participate in the Wallace Community College program noted above. We understand and agree that, as a component of career/technical educational programs, the student may be required to operate career/technical equipment. We understand that it is the responsibility of the student to adhere to all associated program safety guidelines.

In the event of illness or injury while participating in a program at Wallace Community College, we grant the College permission to seek appropriate medical attention for the student. By granting permission we understand the following:

- That seeking medical attention may require but not be limited to transporting the student to a nearby medical facility.
- That Wallace Community College does not provide insurance to cover students in the event of illness, injuries or the need for medical attention.
- That we (I) will be personally responsible for costs associated with any medical services deemed necessary as a result of illness or injury.
- That Wallace Community College will not be responsible for costs associated with any medical services that may be needed in relation to any such illness or injury.

We further understand and agree that Wallace Community College shall not be responsible for any liability arising from or related to any illness or injury, including death, or any loss of property that may be sustained by the student as a result of, or in relation to the student's educational training. The student and parent(s) or legally appointed guardian(s) hereby agree to release and hold harmless Wallace Community College, the Alabama Department of Postsecondary Education, the State of Alabama Board of Education, and their respective officials, employees, agents, and representatives from any claim, grievance, action, damages, or liability relating to any damage to or loss of property or relating to any injury, including death, that the student might incur or suffer during the course of the educational training or from the student's participation in any activity that is conducted as a part of the educational program, except to the extent that any such damage, loss, or injury shall be incurred or suffered by the participant as a result of the intentional infliction of such damage, loss, or injury by an official or employee of Wallace Community College.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Application for Dual Enrollment Students

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

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

FOR WIREGRASS FOUNDATION SCHOLARSHIP ONLY:

\_\_\_\_\_ I am a student in a Houston County or Dothan City School.

\_\_\_\_\_ I am a senior in high school.

\_\_\_\_\_ I receive free or reduced lunch. Counselor Verification (required) \_\_\_\_\_

\_\_\_\_\_ I realize that the Wiregrass Foundation only pays for one THREE HOUR class in Fall semester and one THREE HOUR class in Spring semester. If I choose to take a class than more than three credit hours, I will be responsible for paying the additional tuition/fees.

\_\_\_\_\_ I have a 3.0 or above high school GPA. Counselor Verification (required) \_\_\_\_\_

**NOTE: The Grant has been reapplied for by WCC. Scholarships will ONLY be awarded if the grant is renewed by the Wiregrass Foundation.**

**\*Student must have counselor's signature as verification of free or reduced lunch and qualifying GPA.**

FOR WORKFORCE DEVELOPMENT SCHOLARSHIP ONLY:

\_\_\_\_\_ I would like to take a Career-Technical Program of study.

CAREER-TECHNICAL PROGRAMS FUNDED (2.0 GPA OR HIGHER)
<ul style="list-style-type: none"> <li>• Air Conditioning/Refrigeration</li> <li>• Automotive Technology</li> <li>• child Development</li> <li>• Computer Information Science</li> <li>• Drafting and Design Technology</li> <li>• Electrical Technology</li> <li>• Industrial Systems Technology</li> <li>• Office Administration</li> <li>• Welding</li> <li>• Pre Healthcare Majors (Grant funds BIO 201 &amp; 202) *BIO 103 Prerequisite required -not covered by grant</li> </ul> <p style="text-align: center;"><b>The following programs require a 2.5 GPA</b></p> <ul style="list-style-type: none"> <li>• Medical Assisting</li> <li>• Emergency Medical Technician short certificate (EMS118/119)</li> </ul>

Program: \_\_\_\_\_ (Select from the program list above)

\_\_\_\_\_ Copy of four-year career plan, which clearly indicated the chosen Career Technical field.

\_\_\_\_\_ Copy of Career Assessment (KUDER) to determine suitability for chosen Career Technical field.

\_\_\_\_\_ I realize that the scholarship does not pay for any class not in the specific career-technical program of study and tuition/fees/books for any classes outside my program of study will be my responsibility. The programs of study for each of the Career-Technical programs may be found and printed from the college catalog at [www.wallace.edu](http://www.wallace.edu).