



Return form to: Columbia State Community College
 Office of Admissions
 1665 Hampshire Pike
 Columbia, TN 38401
 TDD Relay Number (800) 848-0298
 Phone: (931) 540-2790
 Fax: (931) 560-4125

DUAL ENROLLMENT CONSENT FORM

(THIS IS NOT AN APPLICATION)

Name: _____
 Last (please print) First (please print) MI

Date of Birth: _____ Social Security Number: _____ - _____ - _____
 Month/Day/Year

SEMESTER AND YEAR: _____ \$10 Application Fee: Paid Online Check Enclosed Paid by Phone

CONSENT FOR DUAL ENROLLMENT

Parental / Guardian Consent:

I give permission for _____ to take Dual Enrollment classes with Columbia State Community College.
 (print student's name)

I understand that grant or other financial support for Dual Enrollment may not completely cover costs. I understand that I will be responsible for payment of tuition, fees, books, and any other materials and expenses associated with these classes. I understand that, due to federal regulations, federal aid (such as Pell grant) and regular college scholarships are **not** available for Dual Enrollment students. I understand that account billing will occur through email notifications, and no paper bills will be mailed. I understand that to ensure prompt account information is received, I can provide an email address for the person responsible for this student's billing account.

_____ Date _____
 Parent/Guardian Signature Billing Email Address (please print)

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION (FERPA)

Federal Law prohibits a college from discussing any information about a student without a written signed release from the student.

Student FERPA Release:

I give my permission for Columbia State Community College to release information to my high school officials and my parents & legal guardians _____, regarding attendance, grades, dual enrollment grant and fee payment
 (parent/guardian names)
 information until I graduate from high school.

_____ Date _____
 Student Signature

PRINCIPAL / GUIDANCE COUNSELOR CONSENT:

- I certify that the above named student has my permission to participate in the Dual Enrollment program provided by Columbia State Community College.
- This student's Grade Point Average (GPA) is _____ on a 4.0 scale.
- Official documents must be sent from the high school to Columbia State.
 There are three ways to transmit official documents:
 - Fax to Admissions at (931) 560-4125.
 - Mail to 1665 Hampshire Pike, Columbia, TN 38401
 - Student can deliver in an **unopened** envelope.

Official documents include:

- Transcript
- ACT/PLAN/SAT Scores
- This Form Sheet

_____ Date _____
 Principal or Guidance Counselor

OFFICE USE ONLY

APPLICATION FEE PAYMENT: CHECK NAME _____ NUMBER _____ CASH _____ CREDIT CARD _____

Name: _____
Last (please print) First (please print) MI

HEPATITIS B IMMUNIZATION HEALTH HISTORY FORM

Hepatitis B Health History Information

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such student complete and sign a waiver form provided by the institution that includes detailed information about the disease. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection.

A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

- I hereby certify that I have read this information and I have received the complete three dose series of the Hepatitis B vaccine.
Date of completion of the Hepatitis B vaccination series: ____/____/____
- I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three(3) dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (If student is under 18) Date:_____

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at (www.cdc.gov/health/default.htm).

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.