

## **Dual Enrollment Application & Course Registration Form**Office of High School Relations, Phone 815-835-6266

Fax 815-835-2032

PL	EASE PRINT							
Na	me	Birth date						
Soc	c. Sec. No	SVCC I.D						
Stu	udent attends		Grade Level					
	(Name o	of high school)						
	onsent is given for the above named student turse(s):	to attend Sauk Valley Community College	and enroll in the following					
Fal	ll semester							
Spi	ring semester							
	mmer semester							
Ιu	nderstand that:							
1)	If my son/daughter plans to attend another college or university after high school graduation, I should check with that school to be sure the credits he/she will be earning in this program will transfer appropriately.							
2)	Students participating in Sauk courses will be evaluated as college students and are expected to follow the rules and regulations of Sauk Valley Community College. All students will abide by Sauk's <b>Student Rights and Responsibilities</b> as found in the <i>Student Handbook</i> .							
3)	SVCC students are covered under the "Family Educational Rights and Privacy Act" (FERPA), which prohibits SVCC from disclosing information to <b>anyone</b> , <b>including parents</b> , without the student's written consent. (Student may sign below to give consent.*)							
4)	Course grades and attendance records will be re	eleased to the high school for purposes of awar	ding high school credit.					
5)	Developmental courses, books, and course fees are not eligible for financial assistance. <b>We acknowledge that we are responsible for any/all financial obligations above and beyond assistance from SVCC.</b>							
6)	Some material presented is for mature audience	es.						
Sig	nature of Parent or Guardian Date	Signature of Student	Date					
	My signature below indicates that I give my output ucation records to:	consent and authorize Sauk Valley Comm	unity College to release my					
Nar	me of Parent or Guardian	Signature of Student	Date					
or	iveinformation about accommodations through order to arrange for appropriate accommoda	n 504 to the Special Needs Coordinator at S	release my son/daughter's IEP auk Valley Community College					
Sig	nature of Parent or Guardian Date	Signature of Student	Date					

To be completed by high school staff							Credit used for (check one):		
Semester	Course	(s) and title			Credits	Dual Credit	College Credit		
	bove. I bel	ieve that this student has the blege level expectations.  Signature of High School Staff			action and co	unity College ar onduct himself/ Date	nd enroll in the herself in a		
		A high schoo	l transcript <u>n</u>	nust accompany this	s form.				
To be complete This student has Fall CRN		C:  ed the prerequisites and me  Course Number	et all placement	t testing requirements  Credits eligible		nt in the follow			
	004100114111001	000000	for waiver		bill to:				
Spring CRN		Course Number	Section	Credits eligible for waiver	Thi	Third Party Billing bill to:			
Summer CR	N	Course Number	Section	Credits eligible for waiver	Thi	rd Party Billing bill to:			
				Date	e				
		SVCC Counselor Signature							
Copy to: SVCC Busine	ess Office. Offi	ce of High School Relations, High Sc	chool		Und	dated 2/16/2009			

Sauk Valley Community College is an equal opportunity employer and is committed to an effective policy of non-discrimination and equal opportunity in all employee and student relations. Except to the extent and subject to the exemptions permitted by law, no qualified employee or student shall be excluded from the employment or educational opportunity, be denied benefits, or be subjected to discrimination on the basis of race, color, religion, national origin, ancestry, age sex, sexual orientation(as that term is defined in the Illinois Human Rights Act), marital status, handicap, military status or unfavorable discharge from military service classified as Re-3 or the equivalent thereof. Complaints and inquiries related to this policy or any potential discriminatory concerns may be addressed to: Human Resources Director, Sauk Valley Community College, 173 IL Rt. 2, Dixon, IL 61021, 815/288-5511