



Dual Enrollment Application & Course Registration Form

Office of High School Relations, Phone 815-835-6266

Fax 815-835-2032

PLEASE PRINT

Name _____ Birth date _____

Soc. Sec. No. _____ SVCC I.D. _____

Student attends _____ Grade Level _____

(Name of high school)

Consent is given for the above named student to attend Sauk Valley Community College and enroll in the following course(s):

Fall semester _____

Spring semester _____

Summer semester _____

I understand 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 **Student Rights and Responsibilities** as found in the *Student Handbook*.
- 3) SVCC students are covered under the "Family Educational Rights and Privacy Act" (FERPA), which prohibits SVCC from disclosing information to **anyone, including parents**, without the student's written consent. (Student may sign below to give consent.*)
- 4) Course grades and attendance records will be released to the high school for purposes of awarding high school credit.
- 5) Developmental courses, books, and course fees are not eligible for financial assistance. **We acknowledge that we are responsible for any/all financial obligations above and beyond assistance from SVCC.**
- 6) Some material presented is for mature audiences.

Signature of Parent or Guardian

Date

Signature of Student

Date

* My signature below indicates that I give my consent and authorize Sauk Valley Community College to release my education records to:

Name of Parent or Guardian

Signature of Student

Date

I give _____ High School permission to release my son/daughter's IEP or information about accommodations through 504 to the Special Needs Coordinator at Sauk Valley Community College in order to arrange for appropriate accommodations.

Signature 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

Consent is given for _____ to attend Sauk Valley Community College and enroll in the courses listed above. I believe that this student has the ability to benefit from college instruction and conduct himself/herself in a manner consistent with college level expectations.

_____ Date _____
 Signature of High School Staff

A high school transcript must accompany this form.

To be completed by SVCC:
This student has completed the prerequisites and met all placement testing requirements for enrollment in the following courses:

Fall CRN	Course Number	Section	Credits eligible for waiver	Third Party Billing bill to:
Spring CRN	Course Number	Section	Credits eligible for waiver	Third Party Billing bill to:
Summer CRN	Course Number	Section	Credits eligible for waiver	Third Party Billing bill to:

_____ Date _____
 SVCC Counselor Signature