

Dual Enrollment Consent Form

Both the student and a parent or guardian must sign this form!

Consent to administer placement testing and to allow possible enrollment in college courses at Paul D. Camp Community College for the following student:

Last Name: _____ First Name: _____ MI: _____
High School: _____ Expected HS Graduation Year: _____
Date of Birth: _____ Age: _____ College (SIS) ID#: _____

As a dual enrollment student, I understand that dual enrollment classes are college courses offered through Paul D. Camp Community College. I am fully aware that the grade(s) I earn in these classes will be part of my permanent college record and could therefore affect my college standing and eligibility for future financial aid or guaranteed admissions agreements.

Signature of Student: _____ **Date:** _____

*As a parent/guardian of the above student, I agree to allow placement testing and enrollment into dual enrollment classes with PDCCC. I understand these classes are located at either the high school or designated campus or site. Additionally, I understand that dual enrollment classes are college level classes and final grades will be part of my child's permanent college record. **I further certify that I and the above student have completed the domicile form included with the application for admission, to determine in-state residency.***

The signature of a parent or guardian is required for all students under the age of 18:

Signature of Parent or Guardian **Date:** _____



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