



LABETTE COMMUNITY COLLEGE CONCURRENT/DUAL CREDIT ENROLLMENT FORM

New Students must complete the online LCC Application prior to enrolling the first time.

When do you plan to enter LCC? Fall 20 _____ Spring 20 _____ Summer 20 _____ LCC ID # or SSN _____

Legal Name _____
LAST FIRST MIDDLE MAIDEN OR OTHER

Permanent Address _____
STREET CITY STATE ZIP CODE COUNTY

Phone _____ Cell Phone _____ E-mail Address _____

Have you traveled/lived outside the United States for at least 3 months? Yes _____ No _____ If yes, please provide dates & countries. _____

HIGH SCHOOL CITY STATE GRADUATION DATE (MO/YR)

Course Code	Course Title	Credit Hours	Time of Class	Day	Instructor

Do you grant permission to Labette Community College to release your college grade(s) to your high school? Yes _____ No _____

Labette Community College has permission to use my directory information, student identification photograph, and future photographs for the purpose of institutional research, student verification, and/or marketing. Yes _____ No _____ (If unchecked the college assumes permission is given.)

I certify that all the information I have provided on this application is complete and correct to the best of my knowledge. I also understand that there are minimum assessment and program standards that I must adhere to in order to be accepted and remain in the concurrent/dual credit program at LCC. Failure on my part to maintain minimum performance standards and comply with College program requirements may result in my dismissal from LCC.

Student Signature _____ Date _____

As a parent of this child:

I understand my child is enrolling as a student at Labette Community College and will receive college credit. The course(s) my child is enrolled in, will be listed on a Labette Community College transcript as well as the grade my child earns for the course(s).

I understand I am responsible for tuition, fees and books not covered by any scholarship my child may be eligible to receive. Fees are not covered by scholarships.

Parent Signature _____ Date _____

I certify that the above named student is enrolled as at least a high school sophomore, or is certified as "gifted" with an IEP (copy must be attached) that specifies college study, and has permission to enroll at Labette Community College for college credit during the 20____ - 20____ academic year.

I understand that failure by the student to comply with College and program requirements may result in student dismissal from the concurrent/dual credit program.

High School Principal's Signature _____ Date _____

LCC Major _____ H.S. GPA _____ H.S. Counselor _____

Dual Credit Students: Are you interested in an LCC Scholarship? _____ Yes _____ No If you check Yes, we will determine if you are eligible to receive a scholarship.

Labette Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified handicapped in its education programs, activities, recruitment, admissions, or employment as required by Titles VI, VII, IX, and section 504 of the Rehabilitation Act of 1973. Inquiries should be directed to: Vice President of Student Affairs, Labette Community College, 200 South 14th Street, Parsons, KS 67357. Telephone (620) 421-6700 extension 1264.



LABETTE COMMUNITY COLLEGE

200 South 14th
Parsons, KS 67357
Financial Aid Office
www.labette.edu

Student Dependent Status

Under the Family Educational Rights and Privacy Act (FERPA), Labette Community College is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Student Information

_____ Last Name	_____ First Name	_____ Middle Initial	
_____ Address	_____ City	_____ State	_____ Zip

Select appropriate answer:

- Yes, I certify that my parents claim me as a dependent for federal income tax purposes.
- No, I certify that my parents do not claim me as a dependent for federal income tax purposes.

_____ Signature	_____ Student ID #	_____ Date
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Parent Information (If parents live at the same address, please list both in the first column)

_____ Name(s)	_____ Name(s)
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip
_____ Telephone	_____ Telephone