



LABETTE COMMUNITY COLLEGE

CONCURRENT/DUAL CREDIT ENROLLMENT FORM

LCC Use Only
Online Application ____
Transcript/Test Scores ____
Enrolled ____
Paid ____

Semester: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

LCC ID# _____

Name _____
Last First Middle

Date of Birth _____

High School Information _____
Name Graduation Date (MO/YR)

Permanent Address _____
Street City State Zip Code County

Contact Information _____
Email Phone Alternative Phone

Course Schedule

Course Code	Course Title	Credit Hours	Instructor	Location	Cost

Have you traveled/lived outside the United States for at least 3 months? ☐ Yes ☐ No

If yes, please provide dates and countries. _____

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 direct information, student identification photograph, and future photographs for the purpose of institutional research, student verification, and/or marketing. (if unchecked the college assumes permission is given.) ☐ Yes ☐ No

Do you certify that your parents claim you as a dependent for federal income tax purposes? ☐ Yes ☐ No
If yes, under the Family Educational Rights and Privacy Act (FERPA), Labette Community College is permitted to disclose information from your education record to your parents if your parent(s) claim you as a dependent for federal tax purposes.

Parent Name _____ Address (if different than above) _____

Parent Name _____ Address (if different than above) _____

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 programs standards that I must adhere to in order to be accepted and remain in the concurrent/dual 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** _____

I understand my child is enrolled 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 above labeled semester. 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 Signature _____ **Date** _____

High School Counselor Signature _____ **LCC Major** _____ **H.S. GPA** _____