Dual Enrollment (DE) Contract Polk County Public Schools

Please print	·		
Student Information:	Last Name	First Name	ID Number
High School:			
Counselor:		Grade Level	9/10
Parent Information:			(eneck one)
	Last Name	First Name	Email address
Phone:	Cell	Parent Work (Mother)	Parent Work (Father)
		raient work (wother)	raient work (rather)
This contract should be applied to the following course(s): DE Course Name (Term One) DE Course Name (Term Two)			
DE CO	urse realite (Term One)	DE COU	ise Name (Term 1 wo)
	DE Course Name (Te	erm Three – Summer)	
	DE Course Maine (16	Julian Pilitee – Sullillier	
By signing this contract, I/we understand that the following conditions and requirements apply. The course(s) I am requesting are eligible to meet Polk County School Board high school graduation requirements. I have met Dual Enrollment or Full-Time Early Admissions entrance requirements. These entrance requirements must be verified by my high school guidance counselor. The last day of the course(s) taken is before my high school graduation date. I understand the requested term for each DE course is contingent upon course and space availability. I will meet with my high school guidance counselor prior to beginning my dual enrollment course(s) to discuss the difference between dual enrollment and other types of accelerated programs such as the Advanced Placement or the International Baccalaureate program. I have completed all admissions documents required by the college which will be awarding credit upon successful completion of the course. I have taken a post-secondary readiness assessment (CPT, PERT, ACT, or SAT) and have scored the minimum required cut score for entrance into the requested course(s). I understand the high school student load restrictions. I thoroughly understand the expectations of a college-level course. <u>I understand that dual enrollment courses can impact my high school graduation and will be a permanent part of my college record regardless of the college I ultimately attend. As a dual enrollment student, I am the owner of my college scholastic record and therefore my parents will not have direct access to or notification of my records without my written permission or proof that I am a dependent according to IRS tax code. This applies to all dual enrollment students regardless of age. I am required to maintain a 2.0 college GPA and a 3.0 unweighted high school ounselor and the college advisor. Drop/withdrawal deadlines for students attending classes at the high school counselor and the college advisor. Drop/withdrawal deadlines for students attending classes at the high school ou</u>			
Student Signature			Date
_	decision and understand the rights, respo	onsibilities, and implications	
,	3 1, 11, 1	,	

Students will be removed from the requested DE course(s) and placed in a substitute elective if the contract is not returned by the date specified by the school.

Parent Signature

Date