Dual Enrollment Program Agreement

IRSC Student ID Number

_____

First Name (Print legal name in full)	Middle	Last Name		Suffix (Jr, II)

Mailing Address Street Address or PO Box	City	State	Zip Code	Country

Home Phone #	Cell Phone #	Date of Birth MM/DD/YYYY

High School Name	City	County	Graduation Month/Year

Eligibility Requirements:

ƒ Students must have a minimum unweighted GP3 (-6 BT /TT0 7w 11.04 d f)3.04 Tm ( )Tj15.4d GP3 (-6 BT /TT0 .).04 50 /TT0 7w 11.04

ƒ Student must complete the Dual Enrollment Program Agreement (Form 508), signed by the student, parent/guardian and/or high sc counselor.

ƒ Home School students must provide proof of enrollment in a Home school program from student's local school district

STUDENT AND PARENT AGREEMENT

We, the student and parent or legal guardian, agree for the above named to enroll in the Dual Enrollment program offered in coordination with the school ooo eritth 40 e¢DC .66phhin(Ri Td ( )Tj 0.026 T59Tc 0 [DCv)6003 Tc -r1.9 (f)]84420 9.96133 mTc 00.005