Student Name: _____

NSHE #: _____

WCSD Student ID: _____

Dual Credit Enrollment Agreement

(Non-Concurrent)

College attending: _____   Current GPA: _____

Student's (Personal) Email _____   Student's Cell Phone: _____

Dual Credit Course(s):

Please indicate the course(s) in which you are applying to enroll

Call No.	Course No.	Section No.	Course Title

Please have STUDENT & PARENT initial each item, sign and return to IHS Counseling Office

Student & Parent Initials

____ ____   All dual credit permission forms for off campus institutions (TMCC- Jumpstart, WNC, etc.) must be signed by IHS counselor and administration *prior* to enrolling in a class. Permission forms are available in the IHS Counseling office.

____ ____   By submitting this form, I certify I meet the minimum GPA requirement. **My current GPA is _____.**

____ ____   Classes must be registered for and completed by the end of the colleges' prescribed deadlines.

____ ____   Add drop dates are firm and unique to each institution. They are not the same as WCSD/IHS dates.

____ ____   If your dual credit class(es) is part of your required load, you may not drop without permission.

____ ____   I must pay the costs of college enrollment for the class, including any application fees, class fees, and textbook costs.

____ ____   I am considered an admitted student and as such, all policies and procedures as outlined in the college course catalog apply.

____ ____   All grades are reported on your high school transcript. A W (withdrawal) will be reported if you drop the class.

____ ____   Grades earned in dual credit courses will be averaged into my semester GPA.

____ ____   It is the students' responsibility to monitor progress and request a transcript from the college to be mailed to the IHS registrar. Parents or IHS staff cannot communicate on behalf of the enrolled student.

_____ _____ Seniors completing classes in their **final** semester must have the transcript submitted to the registrar by **May 30th** of their graduation year.

I must have approval from the persons listed below:

Student's Signature _____ Date: _____
Signature indicated understanding of above requirements and obligations

Parent Signature _____ Date: _____
Signature indicated understanding of above requirements and obligations

Counselor's Signature _____ Date: _____
Signature indicates counselor has reviewed the Dual Credit Program with the student, including requirements, obligations, and restrictions and has verified the student's eligibility to enroll.

Curriculum Assistant Principal Signature: _____ Date: _____
Signature indicates counselor has reviewed the Dual Credit Program with the student, including requirements, obligations, and restrictions and has verified the student's eligibility to enroll.

Family Educational Rights and Privacy Act (FERPA)

Each educational institution is required by federal law (FERPA), regardless of age or grade level, to keep student records confidential. Without the parents' express permission (or that of a student 18 or over), WCSD cannot share student records with anyone but the student and parent (or appropriate school district employee). And without the student's express permission, Post-Secondary Institutions cannot share student record with anyone but the student (or appropriate college employees, high school employees, or dual credit instructors). Parent or guardians must be authorized to view student records.

Family Rights and Privacy Act (FERPA)
Parents and Student: Sign here to approve that WCSD and the Nevada university or college in which you enroll may disclose your student records to either WCSD or the institution in which you are enroll.

Parent Signature: _____ Date: _____

Liability

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District ("District"), and its respective trustees, administrators, managers, coaches, employees, agents, heirs, family members, assigns, representatives, affiliated persons, volunteer, sponsors, groups and others acting on their behalf (hereafter referred to collectively as the "Releasees") from and against any and all liability, claims, losses, costs or expenses to the person or property of another, lawsuits, judgments, and/or expense, including attorney fees, arising from injury, illness, or damage, including property loss or damage, suffered or incurred by my student as a result of the acts, omissions, or conduct of any Releasees, which may occur during or which may arise out of the with my student attending the University/College through the Dual Credit Program.

Parent Signature: _____ Student Signature: _____