

HHS Dual Enrollment Worksheet

School Year: _____

Student Name:

Last

First

MI

Email Address:

LA Secure ID:

Grade:

DOB: / /

Age:

ACT
Composite:

Engl:

Math:

GPA:

Accuplacer:

Semester
(choose 1)

Fall

Spring

Year Long

Post-Secondary Institution/Provider:

Course #
& Title:

Credits:

SCA Section ID#

HS Course Title
for HHS
Transcript:

Course #
& Title:

Credits:

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Agreement & Verification Information

I give permission for Hahnville High School to release my personal information to the above-named registrar to enroll in college courses off campus. I agree that I am responsible for paying all fees associated. I understand that the grade I receive in the dual enrollment course(s) will be reflected on my final high school transcript. If I choose to drop the dual enrollment course, a final "F" will appear on my final high school transcript, and a "W" will appear on my college transcript.

If I fail the course, an "F" will appear on both my high school and college transcripts, and my TOPS eligibility will be affected.

Student Signature

Date

Parent Signature

Date

Counselor Signature

Date

COUNSELOR NEXT STEPS:

- ___ email post-secondary dual enrollment coordinator
- ___ communicate registration & schedule procedures with student
- ___ assist student in selecting program courses
- ___ verify parent signature on worksheet
- ___ sign and date worksheet
- ___ send worksheet and student DE course schedule to H. Barnhill for SCA

CAUTION! Students MUST meet the 'College Ready' requirements in their entirety (ACT scores & GPA) per BESE published standards and the Post Secondary Institution.

DE Coordinator Signature

Date Completed in SCA Portal