



1121- Enrollment Services
 P.O. Box 40010
 Lansing, Michigan 48901-7210
 Phone: 517/483-1200 Fax: 517/483-1170

Dual Enrollment Approval Form: 16 or 17 Year-old

Student Last Name: _____ First Name: _____

Birth Date: _____ LCC ID #: _____ HS graduation year: _____

Semester of Attendance: _____ Year: _____
 Spring (January) Summer (June) Fall (August)

Note to Parents and Students

It is the responsibility of the student to provide the Enrollment Services Office with the completed Dual Enrollment Form prior to enrollment in classes. Students who register prior to submitting this form are subject to being dropped from their courses. This form must be completed for each semester of enrollment until the student has completed the senior year of high school or reaches age 18. LCC requires basic skills assessment for all new students. A student may audit or take the course(s) for credit.

Parent/Legal Guardian Approval

I, the undersigned, approve the above-named student to enroll at Lansing Community College. I confirm that my son or daughter will be at least 16 years of age and will have completed the 10th grade by the first day of the semester. Furthermore, I will assume financial responsibility for any and all costs associated with my child's attendance at Lansing Community College, if not covered by any other means. I waive any claim against Lansing Community College for any injury, loss or damage whatsoever, caused by a third party not currently employed by LCC.. I understand that my son or daughter is participating in an adult educational environment and I hereby assume responsibility and hold Lansing Community College harmless for any adverse consequences of that participation. I understand that enrollment is contingent upon an available open seat in the course(s) selected.

 Print Parent/Legal Guardian Name Daytime Phone: _____

 Signature of Parent/Legal Guardian Date: _____

Student FERPA Disclosure

I hereby allow the release of all aspects of my educational records, directory information (as allowed under the Family Educational Rights and Privacy Act), and student finance information to my parent/legal guardian shown above. All educational/financial records for this semester of attendance may be shared with him/her.

I do not agree to allow my parent/legal guardian to have access to my educational records/directory information/student finance records. I have included a signed non-disclosure form. (The non-disclosure form can be obtained by contacting the LCC Enrollment Services Department at (517) 483-1200.)

 Signature of Student Date: _____

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High School Recommendation - (Required only the first semester of enrollment)

I recommend enrollment of this student at Lansing Community College. I have conferred with the student and family and believe this enrollment is in the best interest of the student. I affirm that the student will have completed the tenth grade by the first day of classes at LCC..

Signature of School Official

Date: _____

School _____ Phone: _____

Important Note About Drop for Non-Payment

If the school is going to pay for the student's course(s) in full or in part, the Billing Authorization form must be on file by the student's payment due date. In the case of partial payment, the student must also pay his/her portion by the payment due date. Students who do not have properly completed Billing Authorizations on file or who have not made payment of their portion of the bill will be dropped on the drop dates published in the course schedule book (available on-line). The payment due date can be viewed online on the student bill page. Billing Authorization forms should be submitted with this form to the Enrollment Services office as early as possible. Please allow a minimum of two business days for processing.