



Registrar's Office
[Lansing Community College](http://LansingCommunityCollege.edu)
 411 N. Grand Ave.
 Lansing MI 48933
 Phone (517) 267-5806
LCC-HSDualEnrollment@lcc.edu

High School Dual Enrollment Approval Form

This form is required for any high school student taking Lansing Community College (LCC) classes.

Section 1: Student Information			
To be completed by High School or Parent/Legal Guardian (with the student signing)			
Last Name:	First Name:		
LCC Banner ID #:	Date of Birth (DOB):		
Street Address:	City:	State:	Zip Code:
High School Name or Home Schooled & Graduation Date:			
Semester of Planned Dual Enrollment: <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> *Summer 20__			
Only Choose One. *Note: Summer semesters may not be covered by the Michigan Department of Education and/or school district			
As a dual enrolled student at LCC, I certify that all the answers on this form are complete and accurate to the best of my knowledge. I agree to become knowledgeable about LCC's policies and procedures, including those related to the adding/dropping of courses. I understand that I am creating a permanent LCC academic record. I further acknowledge that I am aware that some college courses contain adult content.			
Student Signature:			Date:

Section 2: Dual Enrollment Program and Payment Information
To be completed by High School
Select which program(s) you are participating in:
<input type="checkbox"/> Traditional Dual Enrollment (Select if you HS is responsible for paying any portion of classes. If selected, complete sections 3, 5 and 6 only.)
<input type="checkbox"/> State-Approved Non-Public High School (Select if attending a Non-Public School and the State of Michigan is responsible for paying any portion of classes. If selected, complete sections 4, 5 and 6 only.)
<input type="checkbox"/> *Self-Payment Non-Home School (Select if classes are not financially covered by any other program. If selected, complete section 5 and 6 only.)
<input type="checkbox"/> *Self-Payment Home School (Select if classes are not financially covered by any other program. If selected, complete section 5 only.)
<input type="checkbox"/> Self-Payment Summer Classes (Select if classes are not financially covered by any other program. If selected, complete section 5 only.)

Section 3: Traditional Dual Enrollment		
To be completed by High School		
<input type="checkbox"/> *Amount covered to be determined		
*Finalized amounts can be confirmed by either submitting a new form or by emailing LCC-HSDualEnrollment@lcc.edu		
<input type="checkbox"/> Finalized Amounts Listed Below Name of Institution Paying (If not High School): _____		
<input type="checkbox"/> All Tuition/Fees Covered (If not all is covered, please indicate amount being paid)		
\$ _____ Maximum Amount Authorized OR \$ _____ /Per Course		
Course CRN # example: 81261	Course Code example: ENGL 121	Course Title example: Composition I



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Section 4 - State-Approved Non-Public High School (To be completed by High School)

The Postsecondary Enrollment Options Act (PA 160 or 1996) provides for payment from a school district's state aid foundation grant for enrollment of certain eligible high school students in postsecondary courses of education. A student enrolled in at least one high school class in a state-approved non-public school in Michigan may be eligible to participate and have amounts billed to the Michigan Department of Education, detailing the tuition and fees of the dual enrolled pupil for all eligible courses enrolled.

Name of State-Approved Non-Public School:

Number of Classes Considered Full-time at High School::

Section 5 - Parent/Legal Guardian Approval (To be completed by Parent/Legal Guardian)

As the Parent/Legal Guardian of the above named student, I approve and understand the following:

- Approve for my student to enroll at Lansing Community College;
- If my student is a home school student; that they are only eligible for funding if they are enrolled in a minimum of one class at a public high school or state approved non-public high school and are responsible for working with the respective school district for more information on eligibility requirements;
- Acknowledge my student is participating in an adult educational environment, and I hereby assume responsibility and hold LCC harmless for any adverse consequences of that participation;
- Enrollment is contingent upon an available open seat in the course(s) selected;
- Waive any claim against LCC for injury, loss or damage whatsoever, caused by any person rendering any services of the program caused by outsiders;
- Assume financial responsibility for any and all costs associated with attendance at Lansing Community College, if not covered by any other means; and
- Understand a FERPA release of information must be on file to review any of my student's financial records.

Parent/Legal Guardian's Full Name:

Email Address:	Phone:
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Street Address:	City:	State:	Zip Code:
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Signature:	Date:
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Section 6 - High School Principal Approval (To be completed High School)

Our School certifies that the above named student is currently enrolled with us and:

- Meets the conditions outlined in the Michigan Postsecondary Enrollment Options Act (www.michigan.gov/mde);
- Has received the prescribed counseling required under the Postsecondary Enrollment Options Act from the sponsoring school;
- Has demonstrated the skills and abilities to successfully complete the college courses recommended.
- Conferred with the student and parent/guardian and believe that enrollment is in the best interest of the student.
- Recommends the enrollment of this student at Lansing Community College for the approved semester indicated above.
- Acknowledges that the school district is responsible for payment of tuition and fees for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's authorized allowance, regardless if the student drops classes during LCC's 50% refund period or LCC's 0% refund period.
- Will notify LCC's Registrar Office if any part of this approval needs to be updated and/or revoked.

High School designated school official:

Email Address:	Phone:
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High School Principal or designee's Full Name:

Signature:	Date:
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