

Parental ConsentForm

This form is required for any student who will be dual enrolling at WCC This form needs to be submitted as part of the application process. Please allow 1-2 business days for processing.

As the Parent/Legal Guardian of:

STUDENT	NAME
OTODENT	

STUDENT WCC ID NUMBER:

I hereby consent to his/her enrollment as a student at Washtenaw Community College ("College"). In addition to such consent, I hereby acknowledge and accept the following conditions of enrollment:

- My child will be subject to the rules, regulations, and policies of the College.
- My child will be interacting socially with adult college students, and the College is not responsible for these social interactions.
- My child may be exposed to discussions, readings, and visual materials of a mature nature and will be expected to conform to the same performance standards as any other college student as set forth in course outlines and syllabi.
- The College and its employees, faculty, agents, students, and trustees shall not be responsible for the supervision and individual monitoring of my child while in attendanceat the College.

Parent/Legal Guardian Information:

NAME:	
ADDRESS:	
PHONE NUMBER:	
I agree for my student to be enrolled at WCC and be held to the	e rules, regulations and policies of WCC
SIGNATURE:	DATE
For Office use only	
SAAADMS: SOAHOLD: INITIAL:	DATE:



PRINCIPAL/COUNSELOR APPROVAL FORM

Applicants need to take this form to their high school for approval from a principal or counselor. The applicant or high school can submit this form once it has been completed.

This form needs to be submitted as part of the application process. Please allow 1-2 business days for processing

APPLICANT WCC ID NUMBER

Dual enrolled high school student must meet all WCC admission criteria.

Completion of this form gives permission for the above mentioned student to be dual enrolled at Washtenaw Community College. It does not authorize WCC to bill the high school for tuition and fees.

If the high school will be responsible for the tuition and fees, a separate payment <u>authorization</u> must be submitted to WCC Cashier's office by the payment <u>deadline.</u>

HIGH SCHOOL NAME

Dexter Hign School

HIGH SCHOOL ADDRESS

2200 N. Parker Rd

Dexter, MI 48130

PHONE NUMBER

734-424-4240

PRINCIPAL/COUNSELOR NAME

PRINCIPAL/COUNSELOR EMAIL

l agree for the above student to dual enroll at Washtenaw Community

PRINCIPAL/COUNSELOR SIGNATURE

DATE