



Dual Enrollment Program Agreement & Planning Form

Student Information

Student Name: _____

Age: _____ Grade Level: _____ Crew Leaders: _____

Parent/Guardian Name(s): _____

Phone Number: _____

Email Address: _____

College Information

Community College Name: _____

Planned Semester/Year of Enrollment: _____

Course Name(s): _____

Course Number: _____ Credit Hours: _____

Student Academic or Career Goals: _____

Agreement of Expectations

By initialing below, all parties confirm that the following have been discussed and understood:

- College courses are more rigorous and move at a faster pace than high school classes
- The student is responsible for managing assignments, deadlines, and communication with professors
- Grades earned will become part of KCA transcript and a permanent college transcript
- The course may impact high school GPA and graduation requirements
- College attendance policies and school calendar may differ from those at KCA
- The student understands the time commitment (estimated _____ hours per week per course)

Plan for Managing Time and Responsibilities: _____

Student Initials: _____ Parent Initials: _____

Support System

Primary Mode of Transportation (Select One):

- Student drives
- Parent/Guardian provides transportation
- Public transportation
- Other

Plan for Reliable Attendance: _____

Family Support (Check all that apply):

- Encourages academic success
- Helps monitor workload and deadlines
- Provides transportation (primary or alternate)
- Communicates with school/counselor with concerns (appropriate permissions required)

Additional Support Plans: _____

By signing below, all parties agree that the student is prepared for the responsibilities of dual enrollment and has a clear plan for success.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Office Use Only:

Date Submitted:

Approved: Yes No

Notes: