



# 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: \_\_\_\_\_

## Counselor Approval

- Student meets prerequisites
- Student meets placement score requirements
- Student demonstrates academic readiness
- Course aligns with graduation requirements and/or future goals

Comments: \_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Submitted:

Approved: Yes No

Notes: