



*Peachtree Ridge High School, Ms. Chrissie Bolt, Dual Enrollment Coordinator
678-512-6067 or chrissie.bolt@gcpsk12.org, Office: To the right of Curriculum*



Student Information

Date: _____ GCPS Student ID: _____

Name: _____ Current Grade: _____

Email address: _____

Best contact number: _____

Post-Secondary Institution: _____

Parent/Guardian Information

Parent(s) Name(s): _____

Best Phone Number: _____

E-Mail Address: _____

Advisement Acknowledgement

I have participated in an orientation session regarding the DUAL ENROLLMENT Program at my student's high school. I understand the procedures and my responsibilities if I choose to participate in the program.

YES: _____

NO: _____ (Regardless of your attendance at the orientation meeting, your student is still responsible for all DE procedures.)

Parent Signature: _____

I have participated in an orientation/advisement session regarding the DUAL ENROLLMENT Program at my high school. I understand the procedures and my responsibilities if I choose to participate in the program. These responsibilities include: completing an electronic DE funding/student participation form on Georgia Futures, applying and be admitted to the post-secondary institution, have an advisement session with the DE coordinator, provide a copy of my schedule to the Dual Enrollment Coordinator each and every semester that I participate in Dual Enrollment. I further understand that my schedule at PRHS will be adjusted only after I provide the Dual Enrollment Coordinator with a copy of my schedule and acknowledge that I cannot drop a course once the school year starts. If I do, I will receive a 55 on my high school transcript.

YES: _____

NO: _____ (Regardless of your attendance at the orientation meeting, you are still responsible for all DE procedures.)

Student Signature: _____

****Please return to Ms. Bolt, Office to the right of Curriculum Office or via email: chrissie.bolt@gcpsk12.org**