Parkview High School

DUAL ENROLLMENT PROGRAM
DECLARATION OF INTENT

STUDENT NAME: _____ (print legibly) **FULL TIME/PART TIME** (circle one)

STUDENT ID#:_____   GRADE FOR 2024/25 SCHOOL YEAR:_____

CELL PHONE #:_____   HOME PHONE #:_____

EMAIL ADDRESS:_____

I have decided to pursue the Dual Enrollment program for the 2024-25 school year. I understand the following:

- It is my responsibility to apply to and be accepted to the college/university I plan to attend.
- I agree to follow each of the procedural steps outlined by the Dual Enrollment Coordinators.
- I understand that most correspondence from the Dual Enrollment coordinators will be in the form of email and I will check my email daily to ensure I don't miss important deadlines.
- Failure to follow all of the Dual Enrollment procedures could jeopardize my participation in this program and/or graduation from Parkview High School.

_____   _____

STUDENT SIGNATURE   DATE

PARENT/GUARDIAN

I give my permission to my student listed above to participate in the Dual Enrollment program at Parkview High School. I understand that it is their responsibility to abide by all the policies and procedures as outlined in the Dual Enrollment Advisement Meeting. I understand that failure to do so could jeopardize my students' graduation from Parkview High School.

_____   _____

PARENT/GUARDIAN SIGNATURE   DATE