

DUAL/CONCURRENT ENROLLMENT PARENT/GUARDIAN APPROVAL FORM

Student Name:	Student Birthdate:	
Parent/Guardian Name:		
High School:		
□ Dual Enrollment □ Concurrent		
Please initial each statement:		
Statement:		Initial here:
I understand that my student will be taking college-lev to meet the same requirements as college students, in whenever Kirtland Community College is in session, tur spending 6-9 hours per week (per class) on coursework	cluding attending class rning in work on time, and	
I understand that the grade(s) my student earns in the permanent college transcript.		
I understand that I may be responsible for reimbursing courses that my student does not complete or pass.	my student's high school for	
I understand that is my student's responsibility to keep reach out to their high school counselor or the Admissi Specialist if they are struggling.	G	
I understand that my student is taking a college level college transcript and may be taking a class in a college course content may at times contain materials intended discuss this with the student. For rules and regulations catalog and the DE Student Handbook at Kirtland.edu.	e setting with adults. The ed for an adult audience. Please	
I understand that, per federal and state law, Kirtland C the Admissions & Dual Enrollment Specialist cannot co my student directly to me unless my student complete and updates will be shared with the high school and th with me.	mmunicate information about s a FERPA waiver. Information	
I give permission for my student to take courses throug	gh Kirtland Community College.	
I certify that I am a parent or guardian of the student inc give permission for them to take courses through Kirtlar		authority to
Parent/Guardian Signature	Date	

Please return to Brad Wagner, Admissions & Dual Enrollment Specialist at Kirtland Community College via email: brad.wagner@kirtland.edu, or to your child's high school counselor. This form must be signed and returned prior to your child registering for classes.