

Kirtland Community College
DUAL/CONCURRENT ENROLLMENT FORM

For office use only

RECEIVED _____
SS # _____
RECORDED _____

Name _____ Kirtland ID# _____
 Student Cell Number () _____ School District _____
 Date of Birth _____ Social Security Number (required if not on application) _____
 Semester/Year _____ Early Middle College Student: Yes _____ No _____

The Postsecondary Enrollment Options Act requires local school districts to use funds allocated to them by the State of Michigan for the payment of college tuition, mandatory course fees, materials fees, and registration fees of "eligible" high school students. Eligibility is determined by the high school when certain conditions have been met by the high school student. To obtain a tuition and fee quote, please call the KCC Student Financial Services at (989) 275-5000, ext. 257.

- NOT ELIGIBLE:** This student **does not meet** the criteria for funding. Therefore, the student is responsible for all tuition and fee charges.
 ELIGIBLE: This student is **eligible for financial assistance**. The high school will pay all tuition, fees, and books for courses approved below up to \$_____.

ALLOW BOOK PURCHASE @ KIRTLAND COMMUNITY COLLEGE BOOKSTORE _____ YES _____ NO

College Courses to be taken through Kirtland Community College

COURSE NUMBER (please include section number, i.e. 50, 60, etc.) Ex: ENG-10303-60	COURSE NAME Ex: English Composition I

Principal Signature _____ **Date** _____

Disclaimer: Please understand that this student is taking a college level class, is starting a permanent college transcript and may be taking a class in a college setting with adults. The course content may at times contain materials intended for an adult audience. Please discuss this with the student. For rules and regulations, please review the college catalog and the DE Student Handbook at Kirtland.edu. Please also understand the instructor/college may not discuss grades, etc. without permission from the student via an Authorization to Release Information Form, and the parent may be responsible for payment.

Parent/Guardian Signature _____ **Date** _____

Records Release: For the purpose of providing educational information, I hereby grant permission to Kirtland Community College to release any records or necessary pertinent information to authorized personnel of the school district listed above.

Student Signature _____ **Date** _____

PLEASE RETURN COMPLETED FORM TO teresa.money@kirtland.edu

FOR OFFICE USE ONLY

RE processed _____ on _____
initials date