Dual Enrollment Permission Form – 2023 – 2024

Name:

_____	_____	___	_____	_____
Last	First	M.I.	Grade	DOB (mm/dd/yy)

Student Section:

School (please place an X or a ✓ beside corresponding school):

___	Bland	___	Carroll	___	Fort Chiswell	___	Galax
___	George Wythe	___	Grayson	___	Homeschool	___	Marion Sr.
___	Oak Hill	___	Rural Retreat	___	Wythe Career and Tech. Center		

___ Other (please indicate school) _____

Please indicate which classes you are taking through dual enrollment (check all that apply):

___ In Person (taken with credentialed instructor at high school – Monday – Friday)
___ In Person (taken with credentialed instructor at Governor's School – Monday – Friday)
___ Online (WCC – taken in block or period at high school – Monday – Friday)
___ Online (Governor's School – taken in block or period at high school – Monday – Friday)
___ Other (Classes taken at Crossroads in Galax with WCC instructors – schedule varies)

Student Signature: I understand I must apply to the college and meet all course eligibility requirements, including dual enrollment qualifications and respective prerequisites. I authorize Wytheville Community College to send my transcript and/or final grades to my high school's guidance department at the end of the applicable term.

_____ _____

Student's Signature *Date*

Parent or Legal Guardian Signature: I am the parent/guardian of the aforementioned student and give permission for them to enroll in the dual credit courses listed/offered through WCC.

_____ _____

Parent's or Legal Guardian's Signature *Date*

Administrator Signature: I give permission for this student to enroll in the dual credit courses listed and offered through WCC.

_____ _____

Administrator Signature *Date*