

Dual Enrollment Permission Form – 2025 – 2026

Name:

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

Student Section:

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

<input type="checkbox"/> Bland	<input type="checkbox"/> Carroll	<input type="checkbox"/> Chilhowie	<input type="checkbox"/> Fort Chiswell
<input type="checkbox"/> Galax	<input type="checkbox"/> GCA	<input type="checkbox"/> George Wythe	<input type="checkbox"/> Grayson
<input type="checkbox"/> Homeschooled	<input type="checkbox"/> Marion Senior	<input type="checkbox"/> Northwood	<input type="checkbox"/> Oak Hill
<input type="checkbox"/> Rural Retreat	<input type="checkbox"/> WCTC	<input type="checkbox"/> Other (school)	<input type="checkbox"/>

Please indicate which classes you are taking through dual enrollment (please place an X or a ✓ with all that apply):

<input type="checkbox"/> In Person (school)	<input type="checkbox"/> Online	<input type="checkbox"/> In Person (Crossroads - Galax)
<input type="checkbox"/> In Person (HEALS Lab School)		

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

Begin Here. Become Anything.