

Dual Enrollment Permission Form

* = Required field

Student Information

- * Student ID Number _____
- * First Name _____
- * Last Name _____

Student and Parent/Legal Guardian (PLEASE SIGN):

I give permission for my child to enroll in Central Virginia Community College (CVCC) dual enrollment course(s).

If the above referenced student was under the age of 18 at the time he/she completed the Virginia Community College System (VCCS) Application for Admission, I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

* Parent Signature: _____ Date: _____

By signing below, I acknowledge that I understand CVCC policies and expectation of dual enrollment students.

* Student Signature: _____ Date: _____

For Office Use Only

Service Indicator Removed:

Initials: _____

Date: _____

Bring this form to the CVCC Dual Enrollment Office, Amherst Hall, Room 2204B.