

Dual Enrollment Permission Form

* = Required field

Student Information

* First Name _____

* Last Name _____

Student and Parent/Legal Guardian (PLEASE READ and 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/Legal Guardian Signature: _____ Date: _____

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

* Student Signature: _____ Date: _____

For Office Use Only:

Service Indicator Removed: _____

Initials: _____ Date: _____