

EARLY RELEASE PROGRAM APPLICATION

Student Contact Information

Last Name: _____ First name: _____
Email: _____
Home Phone or Cell: _____

Dual Enrollment Information

School Name: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Phone: _____
Coordinator / Advisor Name: _____
Phone & Ext.: _____ Student ID Number: _____
Class Start Date: _____ Class Ending Date: _____
Course Number: _____ Course Title: _____
Course Description: _____

Do you have reliable transportation from school to your place of employment? Yes No
I have attached a copy of my enrollment acceptance for the course listed above. Yes No

Student Statement of Agreement

By signing this form, I am acknowledging that I have read the Early Release Program policies for Tabernacle Christian School and agree to adhere to those policies. I also acknowledge that the above information I have provided is true and accurate.

TCS Student Signature: _____ Date: _____

Parental Statement of Agreement

By signing this form, I acknowledge my child has permission to participate in Tabernacle Christian School's Early Release Program.

Parent/Guardian Signature: _____ Date: _____