

# TCS Dual Enrollment Application

## Student Contact Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone / Cell: \_\_\_\_\_

## College Contact Information

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Coordinator / Advisor Name: \_\_\_\_\_

Phone & Ext.: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

## Course(s) Information

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Description: \_\_\_\_\_

Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Method:  Online  In-Person

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Description: \_\_\_\_\_

Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Method:  Online  In-Person

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Course Description: \_\_\_\_\_

Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Method:  Online  In-Person

Do you have reliable transportation to and from school, if taking in-person?  Yes  No

I have attached a copy of my enrollment acceptance for the course(s) listed above.  Yes  No

## Student Statement of Agreement

By signing this form, I am acknowledging that I have read the Dual Enrollment 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 Dual Enrollment Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_