

Dual Enrollment

Virginia Highlands Community College

www.vhcc.edu/DualEnrollment • de@vhcc.edu • (276) 739-2480

Participation Form
Parent/Guardian must sign!
Please return to your high school counselor.

HIGH SCHOOL: _____

NAME: (Print clearly) _____
First (REAL) Last

EMPL ID (Print clearly) _____

Courses for Fall 2020

Courses for Spring 2021

My signature below confirms that I am the parent/guardian of the above high school student and that he/she has my consent to enroll in VHCC Dual Enrollment course(s) listed during the semester indicated. **Please note that enrollment is contingent upon successful completion of placement testing.**

Signature: _____
Parent/Guardian Date

I understand I am enrolling in the above listed college-level dual enrollment course(s).

Signature: _____
Student Date

I give the student listed above permission to enroll in these course(s).

Signature: _____
Principal Date

(Return to your high school counselor)