



# DUAL CREDIT/DUAL ENROLLMENT HIGH SCHOOL STUDENT REGISTRATION

Name: \_\_\_\_\_ BHC ID#: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
House/Apt. Number                      Street                      City                      State                      Zip Code

Parent/Guardian Phone Number: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Semester & Year of BHC Class:  Fall  Spring  Summer Yr. \_\_\_\_\_ High School: \_\_\_\_\_

Initial Class	High School Course Name	Instructor	H.S. Credit	Course Prefix and No. (Ex. – ENG 101)	Cr Hr	BHC Use			
						Prerequisite Met?	CRN	Sect. #	Tuition/Dual fee
			Y N						
			Y N						
			Y N						
			Y N						
			Y N						
			Y N						

## Parent/Guardian Consent to Participate in Dual Credit/Dual Enrollment Program

**Please initial or check to acknowledge that you have read and understand the following:**

\_\_\_\_\_ Students will abide by Black Hawk College's Policies and Procedures as outlined in the Student Handbook and Dual Credit/Dual Enrollment Handbooks, found at [www.bhc.edu](http://www.bhc.edu).

\_\_\_\_\_ To withdraw from a class, all students must meet with their counselor to complete a Drop/Add Form.

Failure to officially withdraw from BHC may result in an "F" on the student's permanent college transcript.

**Withdrawal during 1<sup>st</sup> week = 75% refund, 2<sup>nd</sup> week = 50% refund, after 10<sup>th</sup> day no refund.**

\_\_\_\_\_ All courses remain on the student's permanent college transcript including grades and/or withdrawals.

\_\_\_\_\_ It is the student's responsibility to check his/her class schedule in myBlackHawk to be sure he/she is registered for the desired BHC classes.

\_\_\_\_\_ **Parent/Guardian agrees to pay all tuition and fees that apply to the courses by the payment due dates. In addition, the parent/guardian agrees to pay any late payment and collection fees if necessary.**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian E-Mail: \_\_\_\_\_

School Official's Signature: \_\_\_\_\_ Date \_\_\_\_\_

DC:	⇒ES:	⇒AR:	⇒SYADUAL:	⇒SGASADD:
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