# 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:_____

| Course Name | Course Prefix and No. (Ex. – ENG 101) | H.S. Credit | Instructor | Cr Hr | BHC Use | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Prereq Met? | CRN | Sect. # | Tuition/ Dual fee | Billing Student / School / or 3rd Party |
| | | 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.

_____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 1st week = 75% refund, 2nd week = 50% refund, after 10th 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: |
|---|---|---|---|---|