



High School Programs Early Admission Contract

Office Use ONLY

E&O Staff: _____

Date: _____

- Career Academy (DUAL) Dual Credit (DUAL) Early College High School (ECHS) Innovative Academy/PTECH (ECHS)

ELIGIBILITY:

A student must have completed the 8th grade, be enrolled in high school, completed admissions & testing requirements, and meet course prerequisites. Please see the back page of this form for additional program-specific information and requirements.

Student Acknowledgement and Commitment (Initial AND Sign). Use black or blue ink ONLY

As part of my enrollment, I consent to the following:

_____ Meet with my high school counselor each semester I plan to enroll to ensure ACC classes meet high school graduation requirements.
(Initials)

_____ Maintain Satisfactory Academic Progress (SAP) with a minimum college GPA of 2.0 and course completion rate of 67%.
(Initials)

_____ I understand I must meet ACC skills and course prerequisites for each class I enroll. Failure to do so may result in being withdrawn from my class.
(Initials)

_____ Make daily attendance and punctuality to college classes a priority.
(Initials)

_____ Behave in a way that demonstrates maturity and respect for all students, faculty, and staff.
(Initials)

_____ Meet with my High School Programs advisor every semester to review progress and courses for next semester.
(Initials)

_____ I understand I must check my tuition and fees balance each semester and make necessary payments or contact the High School Programs office regarding my balance by the posted deadline or I will be dropped from my classes. The dual credit tuition and fees waiver is subject to change without notice by the ACC Board of Trustees.
(Initials)

_____ I understand all ACC communications are sent using ACC's secure student email.
(Initials)

_____ A release of my TSI scores, grades, attendance, course progress, and other educational records will be provided to high school officials until revoked in writing to the Office of College and High School Relations.
(Initials)

_____ I have read and understand the Additional Program Requirements on the reverse side of contract.
(Initials)

Name of High School Attending

Anticipated Graduation (MM/YYYY)

Student Name (PRINT)

ACCeID

Student Signature

Date

Parent/Guardian

I approve of my student's participation in ACC's dual credit programs. I also understand program requirements, including FERPA, which states that a parent/guardian may not obtain academic records or complete ACC processes without my student's written consent.

Parent/Guardian Signature

Date

Parent/Guardian Email

High School Counselor/Designee

I approve the above student's participation in dual credit course(s) and verify the student has completed the 8th grade. I understand I must submit recommended classes for high school graduation to the High School Programs Enrollment and Outreach department each semester.

HS Counselor/Designee Signature

Date

HS Counselor/Designee Email