



Montcalm Community College

Please detach this sheet of the handbook and have it signed by your parent, your high school, and you. This form **MUST** be signed and returned to your high school counselor every semester if you wish to participate in the Dual Enrollment program. If this form is not completed, you will not be able to take classes.

High School _____

Fall or Spring Semester 20____

Student Name:	
Parent/Guardian Name:	
Address:	
Email address:	
Phone Number:	MCC student ID number:
Student Birthdate:	Last 4 digits of social security number:

By signing below, I acknowledge that I have read, understand, and accept the processes, policies, and expectations of participating in the Dual Enrollment program outlined by this handbook and agree to adhere to these standards.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

High School Signature: _____ Date: _____

Class Registration

Course	Section	Credits	Days (MTWRF)	Time	Campus	HS Use
Example: XMPL 123	09	3	MW	1:00 – 2:25	Sidney	