



DUAL ENROLLMENT SIGNATURE PAGE

Step 1: Fill out the Online Application at www.ladelta.edu
Step 2: Follow instructions below and complete this form

Previous Dual Enrollment Student

Student Information

College Semester: Fall Winter Spring Summer Year: 20
Current grade level: 10th Grade 11th Grade 12th Grade High School Name
Gender: Female Male Current GPA PLAN/ACT Composite English Math Reading
Last Name: First Name: Middle Name:
Social Security Number (Required): Date of Birth: Month: Day: Year:
Mailing Address: Street or P. O. Box City State Zip Code
Home Phone: () E-mail:

Parent Information

Last Name First Name Relationship (Area code) Phone Number

Student Consent

I have read and understand the following policies of the Louisiana Delta Community College (LDCC) Dual Enrollment program. I understand that if I receive a final grade of D or F in any course, I may lose the privilege of continuing in any classes in the LDCC Dual Enrollment program. I understand that if I withdraw from a course after the add/drop registration period, it will remain on my college record, I may receive no college or high school credit for the course, and it may affect my future financial aid. Grades I receive in college courses will remain on my permanent college transcript. I authorize Louisiana Delta Community College to release information about my academic record to my high school while I am enrolled in the LDCC Dual Enrollment program. I understand that I will be responsible for any enrollment cost.

*If you need assistance because of disability, please contact the LDCC Counseling Center at (318)345-9152.

Parental Consent

I have read the LDCC Dual Enrollment admissions information, have been advised of the procedures involved in entering the program and completely approve of my dependent's participation. I further understand that Dual Enrollment students must meet and maintain academic requirements for Louisiana Delta Community College and school board policies. I understand that these classes are not free and I must provide the required funding and/or documentation at the onset of the program for my child to continue. In case of emergency you can be notified:

Student Signature Date: MM/DD/YY Parent or Guardian Signature Date: MM/DD/YY

High School Consent

I certify that the student completing this application has permission to participate in the Dual Enrollment Program; that the information provided for this student by the high school is correct, and verify that the applicant is eligible to participate in the dual enrollment program.

Bill High School / District Bill Student Full Amount Tops Tech Early Start Supplemental Course Academy

Principal or Designee Signature Date: MM/DD/YY

Requested Courses