



# DUAL ENROLLMENT CONSENT/ADD FORM

FOR OFFICE USE ONLY

Date Processed: \_\_\_\_\_

AD Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

## TO BE COMPLETED BY THE STUDENT

**NOTE: YOU WILL NOT BE ENROLLED IN ANY CLASS IN THE PROGRAM UNTIL YOU HAVE ALL OF YOUR FORMS COMPLETELY AND ACCURATELY FILLED OUT. A NEW CONSENT FORM MUST BE COMPLETED EACH SEMESTER.**

Legal Name: Last		First	Middle
SMC ID Number	Date of Birth / /		Telephone Number ( ) -
Street Address			
City		State	Zip Code
Name of High School			

Term: Fall ◊ Spring ◊ Summer ◊ Year: \_\_\_\_\_ Current Grade Level : 9<sup>th</sup> \*◊ 10<sup>th</sup> ◊ 11<sup>th</sup> ◊ 12<sup>th</sup> ◊  
\* Students must complete the 8<sup>th</sup> grade or equivalent prior to the beginning of the term to be eligible to participate.

I, the student, understand the class I am enrolling in is a college level class, and that the grade earned will appear on my permanent Santa Monica College transcript. I understand that I will be responsible for the cost of any textbooks and/or materials required for the class. **I AM RESPONSIBLE FOR DROPPING THE CLASS USING THE ONLINE SYSTEM. IF I FAIL TO DO SO I WILL RECEIVE AN "F" ON MY PERMANENT COLLEGE TRANSCRIPT.** (Go to [www.smc.edu/highschoolprograms](http://www.smc.edu/highschoolprograms) for dropping instructions).

### ENROLLMENT AUTHORIZATION

I authorize Santa Monica College to enroll me in the classes listed below. I am aware that I am only able to enroll in 2 classes.

Section #	Course Name and Number

**Student Agreement:** I have read, understand and agree to the above statements and authorize SMC to release my grades/transcripts to the high school named above and to enroll me into the course(es) listed above.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Santa Monica College ID#

\_\_\_\_\_  
Semester

### PARENTAL CONSENT

I, the parent/legal guardian of this student, grant permission for my son/daughter to enroll in the class(es) named above. I understand the **unique character** and **rigorous requirements** of the course(s). I authorize SMC to release my child's grades/transcripts to the high school and to enroll my son/daughter into the course.

\_\_\_\_\_  
Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Date

### HIGH SCHOOL COUNSELOR/ PRINCIPAL CONSENT

The above student is authorized and recommended to enroll in the class(es) listed for the semester noted. By signing the consent form you have assessed the student's preparedness to undertake college level studies in this subject and are recommending the student for attendance in the SMC Dual Enrollment program.

*As per Ed. Code 76001, the principal of the public school certifies, by signing this consent form that no more than 5 percent of the total number of pupils per grade level shall be recommended for SMC summer session.*

\_\_\_\_\_  
School Principal's Signature (required for summer sessions only)

\_\_\_\_\_  
School Counselor's Signature