

Dual Enrollment funding Program Parent Participation Agreement

To be retained at the high school

The Dual Enrollment (DE) program provides opportunities for eligible students attending an eligible participating high school in Georgia, to and take college courses at an eligible participating postsecondary institution and earn both high school and college credit.

Student's Name _____	Student's Date of Birth ____/____/____
Student's High School _____	
Last Four of the student's SSN _____ or GAfutures Temp ID (if assigned) _____	

The parent/guardian is required to complete the agreement before the student may participate in the Dual Enrollment funding Program. Review and initial each box.

PARENT INITIAL EACH	2022-2023 Parent Participation Agreement
	The student must meet all Dual Enrollment funding eligibility requirements which are listed on GAfutures Dual Enrollment funding Program . Requirements include but are not limited to be enrolled in a participating Georgia high school or home study program, be accepted to a participating Georgia college or university for Dual Enrollment, and meet the grade level and Funding Cap. Male students 18 years of age or older must register with the federal Selective Service .
	The student must apply for admissions and be accepted by the college (postsecondary institution) as a Dual Enrollment student.
	Dual Enrollment funding is capped at a total of 30 semester/45 quarter paid hours. The per term maximum is 15 semester or 12 quarter hours.
	The student and parent/guardian must discuss with the high school advisor: Dual Enrollment expectations and responsibilities in conjunction with the student's graduation plan. The student must provide the advisor with proof of acceptance into the postsecondary institution and receive approval from the advisor before any course/schedule changes are made.
	All attempted postsecondary courses and grades become a part of the student's permanent high school and college academic history and transcript records.
	Be aware of your schedule - courses taught on the college campus follow the college calendar and courses taught on the high school campus follow the high school calendar.
	The student may incur charges for specific course-related fees, such as a lab fee, books that are considered optional or for lost or damaged books.
	The Dual Enrollment Funding Program does not allow funding to repeat or retake courses. Students that withdraw from two courses will no longer be eligible for funding (effective Summer 2020 or after).
	The student and parent/guardian acknowledge, if a student withdraws from a college course, the high school will make its best attempt to place the student in a corresponding high school or virtual course to meet course completion and graduation requirements. If no corresponding course or credit recovery opportunity is possible, the local school system shall determine how the course will be recorded: as a withdrawal or incomplete on the student's transcript. Public school student and parent acknowledge understanding of the local school system policy regarding withdrawal from Dual Enrollment classes.
	A public high school student participating in the High School Graduation Option B (SB2) must complete all state- required coursework and assessments per the GADOE assessment guidelines/requirement, whether courses are taken at the high school or through Dual Enrollment. High School Graduation Option B (SB2) program requirements can be found here: https://www.gadoe.org/External-Affairs-and-Policy/State-Board-of-Education/SBOE%20Rules/160-4-2-.34.pdf and discussed with the advisor during the advisement session.
	The parent/guardian acknowledges that the U.S. Department of Education requires that all postsecondary institutions provide training on sexual assault awareness and prevention under the Violence Against Women Act. This mandatory training information will be provided by postsecondary institutions at no cost and may include Dual Enrollment students.

Dual Enrollment funding Program Parent Participation Agreement

To be retained at the high school

HOPE Grant Implications

I acknowledge, once I, the student, reach the 30 semester or 45 quarter paid hours Dual Enrollment program Funding Cap, I may qualify to receive HOPE Grant Bridge funding. Should I qualify and accept HOPE funding, the credit hours funded by HOPE Grant will be applied toward the HOPE & Zell Miller Grant 63 semester Paid Hours limit and toward the HOPE & Zell Miller Scholarship 127 semester Combined Paid-Hours limit. Student must meet HOPE Grant eligibility requirements. For questions, discuss this option with your College's Financial Aid Office.

PARENT
INITIAL

Certification

I certify that the information reported and on any other document or writing in connection with this application is true, correct and complete to the best of my/our knowledge. I authorize release and exchange of information between the Georgia Student Finance Authority, educational institutions, and educational state agencies, and agree that such information exchanged may include financial, enrollment, academic status, identification, legal residency, and location information necessary to assure proper administration of this program. I understand that any willfully false statements made for the purpose of enabling the student to establish eligibility for, or to wrongfully receive, state student aid funds, may be subject to fine or imprisonment, or both, herein may result in prosecution for violation of Georgia Laws 1978, pp. 1249, 1310, which states that false swearing shall be punished by a fine of not more than \$1,000 or imprisonment for not less than one or more than five years or both. I also understand that any refund of fees, paid resulting from withdrawal from a postsecondary institution, will be returned to the Georgia Student Finance Authority. Further, I authorize the postsecondary institution, to forward a transcript of grades to the high school or home study, at the end of the term (s) named.

PARENT
INITIAL

PARENT/GUARDIAN:

Parent/Guardian Name (PRINTED)

Date

Parent/Guardian Signature

Parent/Guardian Phone Number _____ - _____ - _____