Dual Enrollment Permission Form – 2023 – 2024

Name:

_________________________  __________________  ____________  ____________
Last                  First              M.I.           Grade          DOB (mm/dd/yy)

Student Section:

School (please place an X or a ✔ beside corresponding school):

___ Bland            ___ Carroll       ___ Fort Chiswell       ___ Galax
___ George Wythe     ___ Grayson      ___ Homeschool          ___ Marion Sr.
___ Oak Hill         ___ Rural Retreat ___ Wythe Career and Tech. Center
___ Other (please indicate school) ____________________________________________

Please indicate which classes you are taking through dual enrollment (check all that apply):

___ In Person (taken with credentialed instructor at high school – Monday – Friday)
___ In Person (taken with credentialed instructor at Governor’s School – Monday – Friday)
___ Online (WCC – taken in block or period at high school – Monday – Friday)
___ Online (Governor’s School – taken in block or period at high school – Monday – Friday)
___ Other (Classes taken at Crossroads in Galax with WCC instructors – schedule varies)

Student Signature: I understand I must apply to the college and meet all course eligibility requirements, including dual enrollment qualifications and respective prerequisites. I authorize Wytheville Community College to send my transcript and/or final grades to my high school’s guidance department at the end of the applicable term.

______________________________________________________________
Student’s Signature                  Date

Parent or Legal Guardian Signature: I am the parent/guardian of the aforementioned student and give permission for them to enroll in the dual credit courses listed/offered through WCC.

______________________________________________________________
Parent’s or Legal Guardian’s Signature    Date

Administrator Signature: I give permission for this student to enroll in the dual credit courses listed and offered through WCC.

______________________________________________________________
Administrator Signature                  Date