

Dual Enrollment Permission Form – 2026-2027

Name:

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

Student Section:

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

___ Bland	___ Carroll	___ Chilhowie	___ Fort Chiswell
___ Galax	___ GCA	___ George Wythe	___ Grayson
___ Homeschooled	___ Marion Senior	___ Northwood	___ Oak Hill
___ Rural Retreat	___ WCTC	___ Other (school)	_____

Please indicate which classes you are taking through dual enrollment (please place an X or a ✓ with all that apply):

___ In Person (school) ___ Online ___ In Person (Crossroads - Galax)
___ In Person (HEALS Lab School)

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

Begin Here. Become Anything.



WYTHEVILLE COMMUNITY COLLEGE

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Phone: (276) 223-4701 • Fax: (276) 223-4860

Web Address: <http://www.wcc.vccs.edu> • Email Address: admissions@wcc.vccs.edu

Parent Signature Form for Student Application (Student Under 18 years of age)

Student Name: _____

Student ID#: _____

Date of Birth: _____

Email Address: _____ Phone #: _____

Term Applying: Fall Year: 20____

I certify under penalty of disciplinary action that all the information is complete and accurate. I agree to supply the college with supporting documentation related to my application if I am requested to do so.

Applicant's signature _____ Date: _____

Parent signature: _____ Date: _____
(If student under 18 years of age)