

St. Johns River State College Online Consent Form for Participation in the Dual Enrollment

Student's Last Name & First Name: _____

Student's SJR State X Number (REQUIRED): X00 _____

HIGH SCHOOL IN WHICH YOU ARE CURRENTLY ENROLLED:

_____	_____	_____	_____	_____ / _____
High School Name	City	State	Zip Code	Exp. Graduation (month/year)
_____	_____	_____	_____	_____ / _____
High School Counselor's Signature				Date

POLICY STATEMENT ON EQUALITY OF OPPORTUNITY AND NONDISCRIMINATION

St. Johns River State College does not discriminate against any employee, prospective employee, student or student applicant in admission or access to, or treatment or employment in, its programs and activities on the basis of race, creed, color, national origin, marital status or religion nor does it discriminate against the qualified disabled or on the basis of age or sex, except where age or sex is a bonafide qualification. The college subscribes to and endorses all provisions of the Civil Rights Act of 1964, as amended; Federal Executive Order 11246, as amended; Title VI and Title IX of the Educational Amendments of 1972, as amended; and the Rehabilitation Act of 1973, as amended.

ASSISTANCE FOR DISABLED PERSONS

If you require special services due to a disability, you may notify the Counseling Office on the campus nearest you. This voluntary self-identification allows SJR State to prepare appropriate support services to facilitate your learning. This information is confidential and does not affect your admission to the College.

ALL STUDENTS AND A PARENT OR COURT-APPOINTED GUARDIAN MUST SIGN BELOW

I certify that the information given in this admissions form is complete and accurate; and I understand that to make false or fraudulent statement within this admissions form may result in disciplinary action, denial of admission to the dual enrollment program, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulations of the College. Should any of the information I have given change prior to my entry, I will immediately notify the admissions office. I certify that as a condition of my admission to the dual enrollment program, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during enrollment at St. Johns River State College.

I further understand that an overall unweighted 3.0 grade point average is required to participate in the dual enrollment program.

- *I am required to take the SAT, ACT, CPT, or PERT before registering for class(es). If I plan to enroll in English or Math courses I must have the qualifying scores.*
- *I understand that making below a grade of "C" (including a "W" grade for withdrawing) in any dual enrollment course will result in dismissal from the program.*
- *By signing below, I acknowledge that I have received, read, and understand the expectations and requirements stated in the Principles of Participation form and agree to the terms for participation in the SJR State Dual Enrollment program. I have also either attended an orientation session or reviewed the online presentation of the orientation session. Available at www.sjrstate.edu/dualenrollment (listed under presentations).*

X _____
Parent or court-appointed guardian name (please print – first /last)

X _____ / _____
Signature of parent or court-appointed guardian Date

X _____
Student name (please print – first / middle /last)

X _____ / _____
Signature of student Date

Please return this signed document and a copy of your placement test scores (SAT, ACT, PERT, or CPT) to your high school guidance Counselor. Applications are deemed incomplete without this form and test scores. **If you wish to receive college credit for AP, IB, or AICE classes, those test scores must be submitted to your guidance counselor with this information as well.**

For office use only:

Corrected High School: _____
Semester of Admission: _____