

**East Lansing Public Schools
Dual Enrollment/Postsecondary Application 2019-20 School Year**

Student Name _____ Student Email _____ Date _____ Grade _____

Program Prerequisites

- The request must align with student's EDP.
- Student's attendance must be compliant with the ELHS attendance policy.
- PLAN/PSAT/MME/EXPLORE scores must be aligned with this request.
- Student must be in good standing for graduation.
- The student will a grade report from the secondary institution to the registrar if credit for the course is to be added to the transcript.

Deadlines: May 20th for 1st semester. Any changes to 2nd semester must be made by winter break.

The parent/guardian should complete this section

The school district will be responsible for 1/6 of the State foundation allowance per semester course. Parents will be responsible for the remainder of the actual cost of tuition and fees charged by the postsecondary institution as well as all books and materials.

Parents will pay the balance of the tuition directly to the institution. **The student/family is responsible to provide full payment to ELPS for associated fees of a course that is dropped after the reimbursement date. Additionally, if students sign up for courses other than those which the school approved (those they request on their form), the family will be billed for the entire cost of the course.** The post-secondary institution will bill the district directly at: East Lansing School District, Business Office, 501 Burcham Drive, East Lansing, MI 48823. The district **will not** reimburse students or their families, so do not pay your bill until the ELPS portion has been paid. Questions may be addressed to the Business Office (517) 333-7434. The application form **MUST** be filed out each semester the student requests Dual (Postsecondary) Enrollment.

Parent Signature

Date

The counselor should complete this section

- ☐ The student has achieved the minimum required test scores require by the State of Michigan.
- ☐ Is enrolled in the district and is also enrolled in the postsecondary institution during the district's regular academic year . The number of postsecondary courses a student may take per year varies depending on when they enroll in their first postsecondary course.

Number of ELHS classes _____ + Number of college classes _____ = Total number of classes _____ **6** _____

- ☐ The course at the postsecondary institution is an academic course not ordinarily taken as an activity course and is **not** offered by the district or it has been determined that the course is not available to the student because of a scheduling conflict beyond the student's control.
- ☐ Credit for this course may be transferred to the student's ELHS transcript.
- ☐ The suitability of this course has been discussed with the student's counselor.

1st Semester

Name of approved course(s) (please include section number):

Credits:

Name of postsecondary institution:

Guidance Counselor Signature _____

Date _____

2nd Semester

Name of approved course(s) (please include section number):

Credits:

Name of postsecondary institution:

Lansing Community College _____

Guidance Counselor Signature _____

Date _____

Office Use Only

Administrator Signature _____ Date _____

Remitted to Central Office for payment by: _____ Date: _____



Registrar's Office
411 N Grand Ave
Lansing, MI 48933
Phone: 517-483-1200
LCC-HSDualEnrollment@lcc.edu

HIGH SCHOOL DUAL ENROLLMENT APPROVAL FORM

Last Name:			
First Name:			
Banner ID/Username:			
Date of Birth:			
Name of School: (Write "Home School" if Home Schooled)			
Anticipated High School Graduation Date:			
Approved Semester: (Check All That Apply)	<input type="checkbox"/> Fall 20____ (August – December)	<input type="checkbox"/> Spring 20____ (January – May)	<input type="checkbox"/> Summer 20____ (May – August)

High School Recommendation (REQUIRED) **Not Applicable for Home School Students*

I recommend the enrollment of this student at Lansing Community College for the approved semester(s) indicated above. I will notify the Registrar's Office if approval is revoked. I have conferred with the student and parent/guardian and believe that enrollment is in the best interest of the student. I affirm that the student will have completed eighth grade by the first day of classes at Lansing Community College.

Name of School Principal: (Please Print)

Signature:

Date:

Parent/Legal Guardian Approval (REQUIRED)

I, the undersigned, approve the above named student to enroll at Lansing Community College. I can confirm that my student will have completed the eighth grade by the first day of the semester. Furthermore, I will assume financial responsibility for any and all costs associated with attendance at Lansing Community College, if not covered by other means. I understand that home school students are eligible for funding only if they are enrolled in a minimum of one class at a public high school or state approved non-public high school and are responsible for working with the respective school district for more information on eligibility requirements. I waive any claim against Lansing Community College for injury, loss or damage whatsoever, caused by any person rendering any services of the program caused by outsiders. I understand that my student is participating in an adult educational environment, and I hereby assume responsibility and hold Lansing Community College harmless for any adverse consequences of that participation. I understand that enrollment is contingent upon an available open seat in the course(s) selected.

Daytime Phone:

Address: (If Different from Student Address)

Email Address:

Signature:

Date:

Note to Parents/Legal Guardians and Students: This form must be submitted to the Registrar's Office to be eligible to enroll in classes. Students who register prior to submitting this form are subject to being dropped from their courses and incurring a balance. This form may be completed for multiple semesters of dual enrollment, up to one full academic year (Fall, Spring, Summer) as long as it corresponds to the student's status for those semesters. Approval is required for each semester until the student has completed their senior year of high school.



Student Finance
309 N. Washington Sq. Suite 200
Lansing, MI 48933
Phone: 517-483-1200; Email: LCC-HSDualEnrollment@lcc.edu

TRADITIONAL DUAL ENROLLMENT BILLING AUTHORIZATION FORM

Student Information

Last Name	
First Name	
Banner ID or Username	
Date of Birth	
Name of School	

Approved Semester (Separate Form Required for Each Semester)	Check Only One	Year
Fall (begins August)		
Spring (begins January)		
Summer (begins May)		

Our School certifies that the above named student is currently enrolled with us AND

- Meets the conditions outlined in the Michigan Postsecondary Enrollment Options Act (www.michigan.gov/inde);
- Has received the prescribed counseling required under the Postsecondary Enrollment Options Act from the sponsoring school; and
- Has demonstrated the skills and abilities to successfully complete the college courses recommended.

Lansing Community College will transmit a bill to the district, detailing the tuition and fees of the dual enrolled pupil for all courses pre-approved by the district listed on this memorandum. We acknowledge that the district is responsible for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's authorized allowance. **The parent or legal guardian is responsible for any remaining tuition and fees.**

We understand that the school district is responsible for payment of tuition and fees even if the student drops classes during LCC's 50% refund period or LCC's 0% refund period.

If there are any questions regarding the student's enrollment or billing authorization, please contact:

Name of Designated School Official Phone Email

Maximum Amount Authorized: ☐ Amount Covered To Be Determined* _____ Estimated Date for Finalized Covered Amounts

\$_____/Per Approved Course OR _____ All Tuition/Fees Covered ☐ Check this Box if these are Finalized Amounts

*Finalized amounts can be confirmed by either submitting a new form or by email communication to LCC-HSDualEnrollment@lcc.edu

Approved LCC Course(s):

Course #	Course Title	Course #	Course Title
Math 120	College Algebra		

The individual signing this authorization has full authority to approve the agreement and acknowledges the rights and responsibilities of the billing authorization and payment to Lansing Community College.

Print Principal's Name Principal's Signature Date

I will assume financial responsibility for any and all costs associated with my child's attendance at Lansing Community College, if not covered by any other means. I understand a FERPA release must be on file to review any of my student's financial records.

Print Parent/Legal Guardian's Name Parent/Legal Guardian's Signature Date