

**East Lansing Public Schools
Dual Enrollment/Postsecondary Application 2021-22 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: June 1st for 1st semester. Any changes to 2nd semester must be made by winter break.

To be completed by the parent/guardian

The School District will be responsible for 1/6 of the state foundations 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. **Additionally, if students sign up for any course other than those which the school approved (as listed below), the family will be responsible and billed for the entire cost of the course.** The post-secondary institution will bill the district directly for the determined allowance at: East Lansing School District, Business Office, 504 Burcham Drive, East Lansing, MI 48823. The district will not reimburse student or their family, so do not pay your bill until the ELPS portion has been paid. Questions may be addressed to the Business Office (517) 333-7434. This application form must be filled out for each semester the student requests Dual (Postsecondary) Enrollment.

Students that take dual enrollment coursework at a post-secondary institution (Lansing Community College, Michigan State University, etc) will receive the grade issued by that institution. The grade will be calculated into the students grade point average using an unweighted scale. East Lansing Public Schools does not change a grade issued by another institution nor can it alter the point value associated with the grade and how it is applied towards a student's Grade Point Average.

If a student takes the dual enrollment course as part of a their six-period school day, the grade will be reflected on a student's high school transcript and will be calculated as part of a student's grade point average. If a student takes and pays for the dual enrollment course as an additional class outside of the school day, it is at the family's discretion if they want the student's course and grade to be reflected on the transcript.

Parent Signature _____

Date _____

This section to be completed by the students counselor.

*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.

Class selection must be completed by student.

Semester: ___ Fall 2021 ___ Spring 2022 Postsecondary Institution: **Michigan State University**

Name of Approved course(s):

Section #: _____ Name of course: _____ Credits: _____ Period to Drop: _____

Section#: _____ Name of course: _____ Credits: _____ Period to Drop: _____

Section#: _____ Name of course: _____ Credits: _____ Period to Drop: _____

School Counselor Signature: _____ Date: _____

Office Use Only

Administrator Signature _____ **Date** _____

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



Registrar's Office
[Lansing Community College](http://LansingCommunityCollege.edu)
 411 N. Grand Ave.
 Lansing MI 48933
 Phone (517) 267-5806
LCC-HSDualEnrollment@lcc.edu

High School Dual Enrollment Approval Form

This form is required for any high school student taking Lansing Community College (LCC) classes.

Section 1: Student Information (To be completed by student)		
Last Name:	First Name:	
LCC Banner ID #:	Date of Birth:	Phone:
Street Address:		
City:	State:	Zip Code:
High School Name or Home Schooled & Graduation Date:		
Semester of Planned Dual Enrollment: <input type="checkbox"/> Fall 2021 _____ Spring 20_____ <input type="checkbox"/> *Summer 20_____		
Only Choose One. *Note: Summer semesters may not be covered by the Michigan Department of Education and/or school district		
As a dual enrolled student at LCC, I certify that all the answers on this form are complete and accurate to the best of my knowledge. I agree to become knowledgeable about LCC's policies and procedures, including those related to the adding/dropping of courses. I understand that I am creating a permanent LCC academic record. I further acknowledge that I am aware that some college courses contain adult content.		
Student Signature:		Date:

Section 2: Dual Enrollment Program and Payment Information (To be completed by High School)
Select which program(s) you are participating in: <input type="checkbox"/> Traditional Dual Enrollment (Select if HS/RESA is responsible for paying any portion of classes. If selected, complete section 3, 5 and 6 only.) <input type="checkbox"/> State-Approved Non-Public High School (Select if attending a Non-Public School and the State of Michigan is responsible for paying any portion of classes. If selected, complete sections 4, 5 and 6 only.) <input type="checkbox"/> High School Advantage (If selected, complete sections 5 and 6 only.) <input type="checkbox"/> Self-Payment Non-Home School (Select if classes are not fully financially covered by any other program. If selected, complete sections 5 and 6 only.) <input type="checkbox"/> Self-Payment Home School (Select if Home Schooled and classes are not fully financially covered by any other program. If selected, complete section 5 only.)

Section 3: Traditional Dual Enrollment (To be completed by High School)	
<input type="checkbox"/> *Amount covered to be determined *Finalized amounts can be confirmed by either submitting a new form or by emailing LCC-HSDualEnrollment@lcc.edu <input type="checkbox"/> Finalized Amounts Listed Below Name of Institution Paying (If Not High School): _____ <input type="checkbox"/> All Tuition/Fees Covered (If not all is covered, please indicate amount being paid) \$_____ Amount Per Course OR \$_____ Maximum Amount Authorized	
Course Code example: ENGL 121	Course Title example: Composition I

Section 4 - State-Approved Non-Public High School (To be completed by High School)

The Postsecondary Enrollment Options Act (PA 160 or 1996) provides for payment from a school district's state aid foundation grant for enrollment of certain eligible high school students in postsecondary courses of education. A student enrolled in at least one high school class in a state-approved non-public school in Michigan may be eligible to participate and have amounts billed to the Michigan Department of Education, detailing the tuition and fees of the dual enrolled pupil for all eligible courses enrolled.

Name of State-Approved Non-Public School:

Number of Classes Considered Full-time at High School:

Section 5 - Parent/Legal Guardian Approval (To be completed by Parent/Legal Guardian)

As the Parent/Legal Guardian of the above named student, I approve and understand the following:

- ☐ Approve for my student to enroll at Lansing Community College;
- ☐ If my student is a home school student; that they are only eligible for funding 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;
- ☐ Acknowledge my student is participating in an adult educational environment, and I hereby assume responsibility and hold LCC harmless for any adverse consequences of that participation;
- ☐ Enrollment is contingent upon an available open seat in the course(s) selected;
- ☐ Waive any claim against LCC for injury, loss or damage whatsoever, caused by any person rendering any services of the program caused by outsiders;
- ☐ Assume financial responsibility for any and all costs associated with attendance at Lansing Community College, if not covered by any other means; and
- ☐ Understand a FERPA release of information must be on file to review any of my student's financial records.

Parent/Legal Guardian's Full Name:

Email Address:

Street Address:

Phone:

City:

State:

Zip:

Signature:

Date:

Section 6 – High School Principal Approval (To be completed by High School)

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/mde);
- ☐ Has received the prescribed counseling required under the Postsecondary Enrollment Options Act from the sponsoring school;
- ☐ Has demonstrated the skills and abilities to successfully complete the college courses recommended.
- ☐ Conferred with the student and parent/guardian and believe that enrollment is in the best interest of the student.
- ☐ Recommends the enrollment of this student at Lansing Community College for the approved semester indicated above.
- ☐ Acknowledges that the school district is responsible for payment of tuition and fees for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's authorized allowance, regardless if the student drops classes during LCC's 50% refund period or LCC's 0% refund period.
- ☐ Will notify LCC's Registrar's Office if any part of this approval needs to be updated and/or revoked.

High School Principal or designee's full name:

Email Address:

Phone: 517-333-7500

Signature:

Date: