



Howell High School

Required Dual Enrollment Paperwork

1. Discuss your plans with your parents.
2. Meet with your high school counselor
3. Take the placement test or submit ACT or SAT scores.
 - PSAT9/10: Reading and Writing (460) _____ Mathematics (510) _____
 - SAT: Reading and Writing (480) _____ Mathematics (530) _____
 - Accuplacer: Scores based on College

Name: _____ **Phone (Required):** _____
Address: _____ **City/State/Zip:** _____
Date of Birth: _____ **Current Grade:** _____ **Graduation Year:** _____
Emergency Contact Name: _____ **Emergency Contact Phone:** _____

Dual Enrollment Permissions: I acknowledge that Howell High School will pay for the lesser of actual tuition or \$621.43 per course. I also acknowledge that my student has fulfilled the necessary test assessment scores required in order for Howell Schools to submit payment for the course or has completed entrance testing with the college. I also acknowledge that, pursuant to the State of Michigan Department of Education, if my student fails to complete a district-paid postsecondary course, he/she is responsible for the fees and tuition not refunded by the postsecondary course. This means, if my dual-enrolled student DROPS a course past the deadline set forth by the college, or if my dual-enrolled student fails the course(s) enrolled in the college, my student will be required to make repayment to Howell Schools for any costs incurred. If repayment is not made, Howell High School is authorized to withhold my student's diploma until such time that repayment is received. MCL 388.514(9) and MCL 388.1904(9) The Postsecondary Enrollment Options Act (PA 160 of 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.

The College in which I am dual enrolled has my permission to release academic information and/or grades to the high school and/or parents/ guardians.

*****It is the student's responsibility for dropping or withdrawing from class. Please contact your high school counselor before dropping or withdrawing from any class. If you do not attend class, you will receive a permanent failing grade.

Classes for Registration:

Semester Requested: Fall _____ Winter _____

Course Name: _____ Course number _____ # of Credits _____

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Course Name: _____ Course number _____ # of Credits _____

Type of Credit for Transcript: College credit only _____ High School/college credit _____

Signature of Student _____ Date _____

Signature of Parent or Guardian _____ Date _____

School Counselor authorization: _____ Date: _____

Principal authorization: _____ Date: _____