#### Columbia State Community College

# **DUAL ENROLLMENT - CONSENT FORM**

(This is NOT an application. To complete the required, online application to the college, go to: www.ColumbiaState.edu/DualEnrollment)

Student Name:			
(Please Print)	Last	First	MI
Date of Birth:/	/	(Month/Day/Year)	
Social Security Number	*		
Current Term:	High So	chool Graduation Year:	

## Return Form To:

Columbia State Community College

Email To:

# Processing@ColumbiaState.edu or

Office of Admissions Mail To:

1665 Hampshire Pike Columbia, TN 38401

> DE Consent Form ACT/SAT Scores

> > (If Taken)

Phone #: 931.540.2790

social security is	umber":	<del></del>	TDD Relay #: 800.848.0298
Current Term:	High School Graduatio	n Year:	100 Koldy II. 000.040.0270
CONSENT F	FOR DUAL ENROLLMENT - Po	arent/Guardian Conse	nt
I give permissio to	n for my student, enroll in the Dual Enrollment (DE) pr		, (Print Student's Name) Community College.
<ol> <li>I unders followir</li> <li>A stude (DEG). Swithdra</li> <li>All fees</li> <li>Th</li> <li>I w rel do</li> <li>Fa ea the</li> <li>Ac</li> </ol>	Students who do not maintain the min wn from the college. Is must be paid by the first day of class of e grant or other financial support for will be responsible for payment of tuits lated to the student's DE if the DEG do of es not qualify for the grant. Ilure to finalize the grant application	participate in the DE prog dar of the high school <u>and</u> A for all college courses on imum GPA will no longer ss.  DE may not completely colon, fees, books, and any oes not cover all tuition eand payment of the stude and payment of the stude is inability to register for ascripts.	college. certified under the Dual Enrollment Grant be eligible for the DEG and may be  over costs. other materials and expenses expenses, or if the student ent's balance by the college deadline subsequent semesters and will prohibit is State email. Additional emails for
_	Parent/Guardian Signature	Date	Parent Phone Number
Federal law proceedings from the second seco	rohibits a college from discussing any information in the student.  my permission for Columbia State Commodular and fee payment chool Officials - and - My Parents/Legal	rmation about a student with nunity College to release inf information until I graduate l Guardians	nout a written signed
	Signature - Student	Date	
<ul><li>(Public, Private</li><li>I certify that</li></ul>	FOR DUAL ENROLLMENT - H., or Home-School Umbrella) the student named above has my perent program provided by Columbia Sta	mission to participate in t	Official Documents Needed:  HS Transcript

- Dual Enrollment program provided by Columbia State Community College.
- The high school will send each student's official documents directly to Columbia State.

There are three ways to transmit official documents from the high school to Columbia State:

1. Email: <u>Processing@ColumbiaState.edu</u> (separate pdf file/student)

Admissions: 1665 Hampshire Pike, Columbia, TN 38401 2. U.S. Mail:

Document in unopened envelope from high school to a Columbia State Campus 3. Student Delivery:

Signature - School Representative School Position Date

Studor	it Name			© COLUMBIA
Print I		First	MI	STATE COMMUNITY
HEPA <sup>°</sup>	TITIS B IMMUNIZATION HEALT	H HISTORY FORM (Check 1	Box)	
state p law red	neral Assembly of the State of Tenno rovide information concerning Hepat juires that such student complete an ation about the disease.	titis B infection to all students m	natriculating for the	first time. Tennessee
availab	quired information below includes th ility and effectiveness of the vaccind ease is from the Centers for Disease	e for persons who are at-risk for	the disease. The in	formation concerning
	w does not require that students re ed by law to provide vaccination an			he institution is not
iver fa sympto drug us	tis B (HBV) is a serious viral infection ilure, and even death. The disease is ms when they develop the disease. This disease is completely preven infection.	s transmitted by blood and/or b The primary risk factors for Hep	ody fluids, and man atitis B are sexual a	y people will have no ctivity and injecting
comple	s of three (3) doses of vaccine are re te the series if only one or two have lifelong immunity in most cases.			
	hereby certify that I have read thi of the Hepatitis B vaccine. Date He			
	hereby certify that I have read this and/or I am in the process of receive			•
I	hereby certify that I have read this	s information and I have electe	ed not to receive th	ne Hepatitis B vaccine.
	Signature - Student or Parent/Guard	dian (If student is under 18)	Date	
	ore information about the Hepatitis B di enter for Disease Control and Prevention			re provider or consult
	ortium Agreement Requirudents Taking Dual Enrollment Cl		s/TCATs in a Term	1
	A consortium agreement establishe (TELS) eligible schools that enables same term/trimester, to have their	s a limited agreement between an eligible high school student,	Tennessee Educatio enrolled at two or	n Lottery Scholarship more schools within the
2.	It authorizes the DEG Home School	to receive the student's DEG fu	nds on behalf of the	Host (2 <sup>nd</sup> ) school.
3.	If the student signs a consortium ag the DEG will be certified by that co		nan Columbia State	as their "Home School",

- 4. I understand that if the student drops/withdraws from courses at either school during the term/trimester of a consortium agreement, the student, parent or guardian may be required to repay the financial aid disbursed.
- 5. A student must submit the official Host School transcript for consortium credit/clock hours upon the completion of the term/trimester. DEG eligibility for a subsequent term cannot be determined without the required transcripts.

Initials: Parent/Guardian Student

## **INCLEMENT WEATHER**

During times of inclement weather, official information on Columbia State closings will be provided on the Inclement Weather Hotline at 931.540.2515 and online at www.ColumbiaState.edu. For classes held on a high school campus, openings and closings will be the same as the high school.

> Initials: Parent/Guardian Student

\* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.

Columbia State Community College, a Tennessee Board of Regents institution, is an AA/EOE educational institution. CoSCC DE-02-02-25



### SEXUAL HARASSMENT AND OTHER SEX DISCRIMINATION

Columbia State Community College prohibits all forms of sex discrimination, including sexual harassment and sexual misconduct. This prohibition exists in all of the College's education programs and activities, including those in which high school students participate in dual enrollment, middle college, and other education activities offered by the College.

Any high school student who experiences or witnesses sexual harassment, sexual misconduct, or other sex discrimination in connection with a dual enrollment, middle college, or other education program or activity offered by the College is encouraged to contact the College's Title IX Coordinator:

Ms. Debbie Long, Executive Director of Human Resources Columbia Campus, Pryor Building 931.540.2551 dlong15@ColumbiaState.edu

The College's policies regarding sex discrimination, sexual harassment, and sexual misconduct may be found here: <a href="https://www.columbiastate.edu/policies-procedures">https://www.columbiastate.edu/policies-procedures</a>

Based on the allegations (such as the people involved, the location, and the context), the College may coordinate its response with the student's high school.