

# PRINT THIS PAGE

## PARENT ACKNOWLEDGEMENT SHEET

Student Name \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

### TO BE COMPLETED BY PARENT/GUARDIAN

- 1) Your student has requested to enroll at Volunteer State Community College (VSCC).
- 2) Course(s) will be taught by credentialed instructors hired by VSCC. This may include high school teachers.
- 3) Although VSCC courses may be taught at local high schools, the courses are college-level and will be taught as such.
- 4) All VSCC courses have syllabi that should be read by your student. The syllabi will include important information such as the instructor's contact information and grading policy.
- 5) In the event of any delay or closure of local high schools, your student is responsible for checking his/her VSCC email and/or eLearn for assignments. Although local high schools may not be in session, VSCC coursework may still continue and it is the student's responsibility to stay up to date and current on all assignments.
- 6) Your student is responsible for any balance not covered by the Dual Enrollment Grant, HOPE Scholarship, and/or VSCC Gap Scholarship. Failure to pay this balance by the fee payment deadline can result in your student being removed from VSCC course(s). Current balances are viewable on the student's My Vol State portal. Billing inquiries should be directed to the VSCC Dual Enrollment Office.
- 7) Regardless of age, enrollment at VSCC makes your child a college student. Per federal law, all correspondence (including bills) will be addressed to the student.
- 8) It is the student's responsibility to contact the instructor with any questions or concerns about the course. Instructors will correspond with students only.

**I have read and understand the statements above and I hereby grant my permission for the participation of this student in the Dual Enrollment Program.**

Designated Parent/Guardian (Please Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Email \_\_\_\_\_

### TO BE COMPLETED BY HIGH SCHOOL COUNSELOR/PRINCIPAL

As an official of this participating high school, I hereby grant permission and recommend for the above-named student to participate in the Dual Enrollment Program.

Counselor/Principal's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_