

Northshore Technical Community College High School Dual Enrollment Application

Student Information (To be completed by the student)

Entry Term: ___ Fall ___ Spring ___ Full Year Entry Year: _____ Check if first semester participating in TOPS Tech Early Start _____

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ E-mail Address _____

Emergency Contact _____ Relationship _____ Phone # _____

Student Date of Birth ___/___/___ Student Gender ___ Male ___ Female Student SSN _____ Are you a U.S. Citizen? _____

Student Ethnicity/Race: (This information is voluntary and the information will be used for federal and/or state law reporting purposes in a nondiscriminatory manner consistent with civil rights laws.)

1. Ethnicity (Choose One) ___ Hispanic/Latino ___ Not Hispanic/Latino
2. Race (Choose One or more, regardless of ethnicity) ___ American Indian/Alaskan Native ___ Asian/Pacific Islander
___ Black or African American ___ White
___ Hispanic/Latino of Any Race ___ Two or More Races
___ Native Hawaiian or other Pacific Islander

High School Information (To be completed by the high school)

Name of High School _____ School ACT Code _____ Public ___ Non-Public ___ Home School ___

Student's Current Grade Level _____ Number of Carnegie Units Completed _____

School Year and Semester covered by this certification 20___ - 20___ 1st semester ___ 2nd semester ___

Award Eligibility Requirements:

- Must meet all of the following: ___ 11th or ___ 12th grade student
Please check all to determine eligibility: ___ Five-year Education and Career Plan completed
___ High School GPA of 2.0 or above on a 4.0 scale
___ Scored a 15 or above on the mathematics and English portion of the ACT PLAN Assessment (Must be attached)
___ In good standing as defined by the high school

Eligibility for Student Funding (To be completed by the high school)

***Funding designation MUST be completed by High School. TTES funding up to 6 credit hours per semester and 12 credit hours per year.

Please check appropriate eligibility: SCA _____ TOPS Tech Early Start _____ School System/High School _____
(Select only one funding source) Other MOU Agreement _____ Parent or Guardian _____

Check the appropriate item below:

___ Dually Enrolled High School and NTCC Credit – CTE Student/Student Remains on High School Campus (SCA or School System or Parent Pays or TTES)

___ Dually Enrolled High School and NTCC Credit – CTE Student/Student Attending NTCC Campus (SCA or School System or Parent Pays and/or TTES)

Special Population (check all that apply):
___ Qualifies for Free Lunch
___ Single Parent
___ Nontraditional Enrollment
___ Qualifies for KIT

___ Student does NOT qualify for SCA, TTES and is NOT a special population.
Parent must pay \$_____.

Payment Received:
___ Check – Amount _____ Check # _____
___ Money Order – Amount _____
___ Initial of School Official Receiving Payment _____

Course Enrollment Request (To be completed by the high school)

The high school principal (or designee) must indicate the college course(s) in which the student has permission to enroll and the respective high school course(s) in which the student will receive high school credit.

<u>Indicate</u> Fall/Spring/ All Year	College Course Abbreviation & Number	College Course Section	College Course Title	College Credit Hours	High School (LDE) Course #	High School Course Title	H.S. Units	High School Instructor

Signatures and Consents (Must be signed by the student and the parent or guardian)

- I certify that all information I have provided in this application is correct.
- I have received a copy of the Dual Enrollment Program Student Eligibility Criteria Framework for TOPS Tech Early Start (TTES).
- I understand that I will be responsible for additional enrollment costs not covered by SCA, TTES, school or MOU.
- If I am approved for participation in the TTES Program, I will comply with all the requirements.
- I understand that I am enrolling as a Visiting/Guest Student at the college/university. Upon graduation from high school, if I desire to enroll at a college or university, I will apply for admission as a regular student and meet the college/university admission requirements.
- I understand that the college courses and high school and college grades earned in those courses in which I enroll through either dual enrollment program will be on my permanent high school and college academic records.
- **I understand that the grades I earn on college courses in which I enroll through the dual enrollment programs will be used by other programs, including TOPS, to determine my continuing eligibility for those programs.** See TOPS Q&A Q.150-151 located in TOPS section of www.osfa.la.gov.
- I do hereby authorize the Board of Regents, the Louisiana Community & Technical College System and the Office of Student Financial Assistance access to my high school and college academic records.
- I acknowledge that I am enrolling in the course(s) listed above and also understand that **it is my responsibility to OFFICIALLY WITHDRAW OR DROP** a class I decide not to complete by the college/university published deadline. If I withdraw, I may not be eligible for dual enrollment funding next semester.

Student's Signature _____

Date _____

Certification (Must be completed by Parent/Guardian)

- I certify that all information provided on this application is correct.
- I have received a copy of the dual enrollment Programs Student Eligibility Criteria Framework for TOPS Tech Early Start (TTES).
- If my child is approved for participation in the Dual Enrollment programs, he/she will comply with all the requirements.
- I understand that I will be responsible for additional enrollment costs not covered by SCA, TTES, the school or MOU.
- I understand that the college courses and high school and college grades earned in those courses in which my child enrolls through the Dual Enrollment Programs will be on my child's permanent high school and college academic record.
- I do hereby authorize the college and high school the right to share relative student information as described in Louisiana Act 837, R.S. 17:3913 and 3996(B)(34) with the Louisiana Board of Regents, Louisiana Community & Technical College System, institutional accrediting bodies, Louisiana Office of Student Financial Assistance, and, if applicable, all programmatic, registry and licensure accrediting bodies.
- **I understand that the grades my child earns on college courses in which he/she enrolls through the dual enrollment programs will be used by other programs, including TOPS, to determine his/her continuing eligibility for those program.** See TOPS Q&A Q.150-151 located in TOPS section of www.osfa.la.gov
- I do hereby authorize the Board of Regents and the Office of Student Financial Assistance access to my child's high school and college academic records.

Parent's Signature _____

Date _____

Certification (Must be signed by Principal or Designee)

I certify that the student completing this application has permission to participate in the Dual Enrollment Programs and that the information provided for this student by the high school is correct.

Principal's Signature _____

Date _____