

DUAL ENROLLMENT FORM

Submit this form one-time for dual enrollment participation to LBCC's Admissions & Records Office ▶ Upload a scanned PDF to bit.ly/DEonedrive or submit a copy In-Person at LAC, A-1075 or PCC, GG102.

APPLICATION TERM: FALL WINTER SPRING SUMMER | **TERM YEAR** _____

GRADE LEVEL (at time of enrollment) K-5th 6th-8th 9-12th | **Expected High School Graduation Date (M/Y)** _____ / _____

LAST NAME _____ **FIRST NAME** _____ **MI** _____

DATE OF BIRTH ____ / ____ / ____ | **EMAIL** _____ | **PHONE** _____

Dual Enrollment Program: Individual Dual Enrollment (IDE) College and Career Access Pathways (CCAP) Early College at Browning (ECB) | **School:** _____ | **District:** _____

LBCC VIKING ID: _____ | **CCC ID:** _____ | **K-12 ID:** _____

STUDENT

I certify that I have read, reviewed and understood the terms & conditions above as well as confirm that everything stated is true and correct. I acknowledge that Long Beach City College shares information about my participation in this program with my school and the school district.

STUDENT NAME (PRINT) _____ | **SIGNATURE** _____ | **DATE** _____

PARENT/GUARDIAN

I authorize my child to enroll in a college-level course at Long Beach City College. I understand that my child WILL NOT be afforded any special status or supervision as a result of their minor status. Per Federal Educational Privacy Laws (FERPA), I WILL NOT have access to my child's student records, including grades & transcripts, without their written consent. Parents may withdraw consent by submitting a written request.

**LBUSD, ONLY – Consenting agrees that the Dual Enrollment grades may appear on the student's LBUSD Report Card but not their transcript.*

PARENT/GUARDIAN NAME (PRINT) _____ | **SIGNATURE** _____ | **DATE** _____

FOR NON-LBUSD STUDENTS ONLY

(Note: LBUSD students have district approval on file. Visit bit.ly/lbusdschools to confirm if your school is eligible)

PRINCIPAL OR DESIGNEE

I recommend that the student named above enroll in the course(s) listed below. I certify the student has availed themselves of all opportunities to enroll in an equivalent course at their school of attendance. For summer term only: I certify that participation does not cause our school to exceed the five percent (5%) statutory limit.

PRINCIPAL/DESIGNEE NAME (PRINT) _____ | **SIGNATURE** _____ | **DATE** _____

LONG BEACH CITY COLLEGE COURSE(S)

I recommend that the student enroll in the course(s) listed below. In subsequent terms, students should work with the Early College Initiatives counselors to select additional courses. Students will need to meet prerequisite requirements & enroll in the course(s) once form has been approved.

COURSE NAME / #	_____	COURSE NAME / #	_____
COURSE NAME / #	_____	COURSE NAME / #	_____

LBCC A&R STAFF ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED REASON ➔ _____	_____	
Date Received	_____	Staff Initials	_____

For more information ▶ LBCC Office of Early College Initiatives
Phone 562-938-5272 or Email earlycollege@lbcc.edu