LONG BEACH CITY COLLEGE
ADMISSIONS AND RECORDS

ECI
OFFICE OF EARLY COLLEGE INITIATIVES
WWW.LBCC.EDU/EARLYCOLLEGE

# DUAL ENROLLMENT FORM

**Submit this form one-time for dual enrollment participation.**
**For more information ▶** LBCC Office of Early College Initiatives
562-938-5272 or earlycollege@lbcc.edu

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

**GRADE LEVEL** (at time of enrollment) ☐ K-5th ☐ 6th - 8th ☐ 9-12th

**High School** Expected 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:** _____

**LBCC VIKING ID:** _____ **CCC ID:** _____ **HIGH SCHOOL ID:** *(HS use only)* _____

**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**

**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 / #** | |

***SUBMIT FORM: LBCC Admissions & Records Office (LAC, A-1075 or PCC, GG-102), email admissions@lbcc.edu, OR upload scanned PDF/photo via A&R High School Dual Enrollment Forms One Drive.***

**LBCC A&R STAFF ONLY**

| | | | |
|---|---|---|---|
| ☐ **APPROVED** | ☐ **DENIED REASON** ➡ | | |
| **Date Received** | | **Staff Initials** | |

UPDATED JANUARY 2024 - VG