

# 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](https://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-5<sup>th</sup>  6<sup>th</sup> - 8<sup>th</sup>  9-12<sup>th</sup> | **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**

**DSPS Release of Information:** *I, the undersigned, consent to, and request, all appropriate persons and/or LBUSD agencies or K-12 institutions to release information regarding my student to DSP&S for use in educational/vocational planning. All information will be kept confidential and maintained as part of my student's records with Disabled Students Programs and Services (DSP&S) at Long Beach City College in accordance with FERPA. I authorize the release of information to include one or more of the following records: Verification of Disability, Educational History: IEP, 504 Plan, Psycho-Educational Report, Psychological Testing and Evaluations, Learning Disability Assessments.*

**PLEASE SELECT ONE:**  I CONSENT - PARENT/GUARDIAN INITIALS \_\_\_\_\_ **OR**  I DO NOT CONSENT

**FOR NON-LBUSD STUDENTS ONLY**  
 (Note: LBUSD students have district approval on file. Visit [bit.ly/lbusdschools](https://bit.ly/lbusdschools) to confirm if your school is eligible)

*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.

<b>COURSE NAME / #</b>	_____	<b>COURSE NAME / #</b>	_____
<b>COURSE NAME / #</b>	_____	<b>COURSE NAME / #</b>	_____

**LBCC A&R STAFF ONLY**

APPROVED  DENIED REASON \_\_\_\_\_ **DATE** \_\_\_\_\_ **STAFF INITIALS** \_\_\_\_\_