



CCTE College, Career and Technical Education

Application for Early College Program 2020-2021

Fill out all blanks in black or blue ink. Be sure all spaces where a signature is required are signed by the correct person.

Name: _____
(Last Name) (First Name) (Middle Initial)

Mailing Address: _____

City: _____ State: _____ Zip code: _____

County: _____ Date of Birth _____ Social Security # _____

Gender: Male Female US Citizen: Yes No Ethnicity: _____
(Check One) (Check One)

Student Phone # _____ Parent Phone # _____

Student Email Address: _____

Parent Email Address: _____

Current School Attending: _____ Current Grade Level: _____

Student's Highest ACT Composite _____ Student's Unweighted GPA _____

I, _____ give permission for my

child, _____ to be transported via SCS bus to

Southwest TN Community/Lemoyne Owen College to take college courses during the regular school

day.

I certify that the information herein is complete and correct.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____



Course Drop Request Form

While we hate to lose any students in the Early College Program, we understand that sometimes students have circumstances making it difficult to remain in our program. **You cannot withdraw from an Early College course during the current semester of the course. Should you wish to request a withdrawal from an Early College course, you must complete this form and schedule a withdrawal consultation with one of the Early College Advisors.**

Student's First Name _____ Student's Last Name _____
Grade _____ High School _____ Email _____
Phone _____

Parent's First Name _____ Parent's Last Name _____
Email _____ Phone _____

Name of course or courses you would like to drop _____
Term _____ Year _____ College Campus _____

Mark any of the following that affected your decision:

- Scheduling Issues
- Poor Grades
- Personal Issues
- Time Constraints
- Other

Please write below explaining your decision to drop the course or courses.

Student Signature _____ Date _____

Parent Signature _____ Date _____

OFFICE USE ONLY Approved Denied Drop Date: _____

Early College Advisor's Signature _____



CCTE College, Career and Technical Education

Early College Program Requirements and Agreement

To remain in good standing in the Early College Program, you must:

- Maintain a 3.0 College G.P.A. each semester.
- Attend ALL classes on and off campus (even when Shelby County Schools is not in session).
- Complete all class requirements, including online courses and assignments.
- Refrain from any inappropriate behavior at school, on the college campus and on the bus.
- Submit college applications and apply for scholarships.
- Adhere to all deadlines, attend ACT Prep sessions, and any other sessions recommended or provided by the Early College Program.

Additionally, the Early College Program disseminates information about classes, policies, updates, and events electronically (text messages, e-mails, Twitter, etc). You will also receive a Student Handbook. Please consult the handbook for further information.

Students, with your signature below, you understand that accepting admission to the Early College Program includes your agreement to receive such notifications through the means listed above, and you agree to comply with all program requirements. Not following the program guidelines, could result in dismissal from the program upon Early College Board Review.

Parents by signing below, you are agreeing to attend or schedule any meetings or sessions needed to support student success. The Early College Administration maintains the right to assign and have final approval of all courses associated with the Early College Program.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____



STUDENT RELEASE FORM
(FORMERLY MEDIA RELEASE)
(FERPA)

Dear Parent or Guardian:

Throughout the school year, the media may visit your school to cover special events. Shelby County Schools may also wish to use your child's photograph, likeness, voice or student work for promotional and educational reasons, such as in publications, posters, brochures and newsletters; on the district website, radio station or Cable TV channel; or at community fairs or other special district events.

Before your child's photograph, likeness, voice or student work can be used by the media or by the school district, you must give your permission.

Please sign and return this form to your child's school, indicating your preference. Thank you for your cooperation.

1. **I give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the district to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature: _____ Date: _____

2. **I do not give my permission** for my child to be filmed/photographed/interviewed by the media during school events and for the district to use my child's photograph/work/voice for promotional and educational purposes.

Parent/Guardian signature: _____ Date: _____

Student's Name (please print): _____

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE



Banner ID # _____

DUAL ENROLLMENT STUDENT DATA FORM

New Returning Student Fall Spring Summer _____ Year

SSN _____ Date of Birth _____

GPA _____ ACT Score _____ Plan ACT _____

First Name _____ Middle _____ Last _____

Street Address _____ Apartment # _____

City _____ County _____ State _____ ZIP _____

Telephone Number (_____) _____ Parent/Guardian Telephone (_____) _____

Gender Male Female E-mail address _____

I am currently a Freshman Sophomore Junior Senior Anticipated Graduation Year _____

High school _____

Have you previously participated in a Southwest Tennessee Community College Dual Enrollment Program? Yes No

Have you been or are you currently enrolled in a Dual Enrollment Program at another institution? Yes No

If so, where? _____

Counselor/Principal: I certify that this student meets the qualifications and has my permission to participate in the Southwest Tennessee Community College Dual Enrollment Program.

Counselor signature _____ Date _____

Principal signature _____ Date _____

Student: I authorize Southwest Tennessee Community College to request my high school transcript and I authorize my high school to release my official high school transcript to Southwest. In addition, I authorize Southwest to furnish my high school with any and all information pertaining to my academic record while I am enrolled at Southwest as a Dual Enrollment student.

Student signature _____ Date _____

Parent/Legal guardian: I have read and agree to the terms of this application. I hereby grant approval for my son/daughter/legal ward to enroll in Southwest Tennessee Community College courses as a Dual Enrollment student while still enrolled in high school. I accept full responsibility for any and all personal matters such as transportation, etc.

Parent signature _____ Date _____

DESIRED COURSE(S)

Name of course _____ CRN# _____ Section # _____

Name of course _____ CRN# _____ Section # _____

Name of course _____ CRN# _____ Section # _____

Please return this form to: **Southwest Tennessee Community College**
Dual Enrollment Office • 5983 Macon Cove • Farris Building, FA 2100
Memphis, TN 38134 • Phone: (901) 333-4298 • Fax: (901) 333-4380

DUAL ENROLLMENT PROGRAM PARTICIPATION AGREEMENT

1. I understand that as a Dual Enrollment student, the course work taken at the college level will have the same rigor and pace for all students regardless of age, grade or postsecondary classification.
2. I understand that Southwest Dual Enrollment Program students in college courses are subject to the same standards, policies, and responsibilities as other college students unless otherwise restricted by federal state or local requirements.
3. I understand that curriculum content, evaluation, and selection of appropriate instructional materials used in Dual Enrollment courses are the prerogative of the college instructor and will not differ from that presented for traditional college students.
4. I understand that Southwest Tennessee Community College is an open campus and that I will be attending classes with non-high school aged students and that I may encounter students of various ages and backgrounds while on the Southwest campus.
5. I understand that the Southwest Dual Enrollment Program staff are the first point of contact for parents and school representatives who wish to discuss academic progress in a college course or request information about school or classroom activities. I understand that my parents do not have direct access to my college instructors or to my academic records.
6. I understand that high academic standards are expected of all students. Students participating in Dual Enrollment must have met all required scores on the ACT, PLAN, SAT, PSAT, or the Residual ACT exam. Students participating in Dual Enrollment must also meet established GPA requirements.
7. I understand that if my college GPA falls below 2.75 and/or if my Dual Enrollment or Dual Enrollment Lottery Scholarship eligibility is jeopardized, I may be removed from the program. Continued eligibility in the program will be based upon a review of academic standing at the conclusion of each academic term. Any student who is withdrawn from the Dual Enrollment Program, or chooses to leave voluntarily, must have permission of their parent, counselor and principal.
8. I agree to abide by all Southwest policies and procedures including, but not limited to the policies and procedures of my designated school board or home school association.
9. I understand that if I violate any items of the Southwest or my designated school board or home school association Code of Student Conduct, I may be required to leave the Dual Enrollment Program.
10. I understand that necessary completion of high school graduation requirements does not guarantee completion of a dual enrollment course.
11. I understand that I am responsible for fulfilling all course requirements that require textbooks, online activity and use of other academic resources.
12. Because Southwest campuses are open campus environments, should I choose to leave campus for any reason, I fully understand that Southwest, its officers, trustees, employees and agents are released from liability, claims of demands for any damage, loss, or injury to me, my property, or parent's property in connection with my actions.
13. I understand and agree to attend and fully participate in the mandatory Dual Enrollment seminars, workshops and activities including tutoring, if required.

Student Signature

Parent Signature

011136 REV 15202

Name _____
Last *First* *Middle Initial*

Date of Birth _____ Phone (____) _____
Month/Day/Year

(TO BE COMPLETED BY NEW APPLICANTS ONLY)

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning measles, mumps, and rubella, varicella, and hepatitis B infections to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about these diseases. The required information below includes the risk factors and dangers of these diseases as well as information on the availability and effectiveness of vaccines for persons who are at-risk for these diseases. The information concerning each disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) Immunization

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I hereby certify that I have read this information and I have had the entire series of the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.

Measles, Mumps, Rubella (MMR) and Varicella Immunizations

Measles causes fever, rash, cough, runny nose, and red, watery eyes. Complications can include ear infection, diarrhea, pneumonia, brain damage, and death.

Mumps causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen salivary glands. Complications can include swelling of the testicles or ovaries, deafness, inflammation of the brain and/or tissue covering the brain and spinal cord (encephalitis/meningitis), and, rarely, death.

Rubella causes fever, sore throat, rash, headache, and red, itchy eyes. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Varicella (chickenpox) causes blister-like rash, itching, fever, and tiredness. Complications can include severe skin infection, scars, pneumonia, brain damage, or death.

You can protect against these diseases with safe, effective vaccination.

_____ I hereby certify that I have read this information and I have had the entire series of the MMR and Varicella vaccines.

_____ I hereby certify that I have read this information and I have elected not to receive the MMR and Varicella vaccines.

_____ I hereby certify that I have read this information and I have elected to receive the MMR and Varicella vaccines and/or I am in the process of receiving the complete series of MMR and Varicella vaccines.

Signature of Student _____ Date _____
(Parent/Guardian must sign if student is under the age of 18)

For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov/health/default.htm.

Please return to the Admissions and Records Office, Southwest Tennessee Community College, P.O. Box 780, Memphis, TN 38101-0780, or fax to (901) 333-4473, or e-mail to admissions@southwest.tn.edu.



Shelby County Schools Verification of Early College Enrollment

Dual Enrollment Course Selection Form

Please complete this application to verify your eligibility to participate in this grant program. Submit the completed application to the SCS Dual Enrollment Office, Room #258, Attn. Armella Smith, upon completion of the college's Dual Enrollment application.

Important: Please note that students must complete the **Tennessee Dual Enrollment Online Application**.

http://www.tn.gov/collegepays/mon_college/dual_enroll_grant_rules.htm

Name: _____ Social Security No. _____
Last First MI

Permanent Address: _____
Street Zip Code

Date of Birth: _____ Gender: _____ Ethnicity _____

Home Phone # _____ Cell Phone # _____

Student E-mail Address: _____ Parent Email Address: _____

The student is scheduled to graduate from _____
Name of High School

Student's current grade level: 10th _____ 11th _____ 12th _____

Student's highest composite score: ACT _____ Date _____; or, SAT I _____ Date _____

Student's unweighted GPA _____ on a 4.0 scale.

If the student successfully completes the following post-secondary courses, this credit will also satisfy the high school graduation requirements as specified:

College or University:				Semester/ Session:
Course Number	Course Name	Credit Hours	Online/ Campus	High School Course Equivalent/Substitution: to be completed by SCS Dual Enrollment Office only

I certify the following:

- The information reported in this application is accurate to the best of my knowledge.
- I understand that false information provided in this application will result in forfeiture of award or a refund and/or dismissal to participate in the Dual Enrollment Grant program.

High School Counselor Signature/ Date

Principal Signature/ Date

Student Signature/ Date

Parent Signature/ Date

Approved by District Dual Enrollment Official/ Date



Shelby County Schools Dual Enrollment Agreement

Please print.

Student Information: _____

High School: _____ Student Email: _____

Counselor: _____ Grade Level: ___ 10 ___ 11 ___ 12
(Check one)

Parent Information: _____

Phones: _____

By signing this agreement, I understand that the following conditions and requirements apply.

- I understand that I am expected to meet all admission requirements and pre-requisites for the Dual Enrollment course(s) I have selected. My high school counselor and principal must approve my courses before final approval is given by the SCS Dual Enrollment office. I understand that I must submit all required documents for admission and approval to the Dual Enrollment office by specified deadlines to participate in Dual Enrollment.
 - I understand that I will be enrolled in a partnering college/ university as a Dual Enrollment student. My name will appear on the college’s class roster and the high school class roster.
 - I thoroughly understand the course description and expectations of a college course. I agree to adhere to the college’s conduct policies. If I choose to withdraw, I must do so by the college’s withdrawal deadline. The withdrawal process requires approval from my school counselor, school principal and the SCS Dual Enrollment office. I understand that I may be responsible for withdrawal fees.
 - I understand that to receive high school and college credit, I must complete the course and obtain a passing grade as determined by the college/university.
 - I understand that SCS will add points to each semester grade. Points vary per course.
- Fee Requirements:**
- I understand that I must apply and be awarded the TSAC Dual Enrollment grant. I thoroughly understand I must adhere to the rules and regulations of the TSAC grant for scholarship funding. <http://www.tn.gov/collegepays/article/dual-enrollment-grant> Economically disadvantaged students (Free and Reduced) will receive financial support from a combination of TSAC State Grant, College Institutional Funds and District funds when available. Students not in this economic category are responsible for tuition gap fees and books that are not covered by TSAC and institutional funds.

I affirm that I have read this agreement and I will abide by its conditions and requirements.

Student Signature _____
Date

I affirm my student’s decision and I understand the ramifications of this decision.

Parent/Guardian Signature _____
Date

Students need teacher and administrative approval to enroll in Dual Enrollment courses. If permission is granted, students should be aware of the added demands on time despite the time demands of extracurricular activities, college applications, and work hours.



Shelby County Schools

Dual Enrollment Grant Parent/ Guardian Consent Form

I have received information regarding the Tennessee Dual Enrollment Grant program and understand the following:

To participate in the Tennessee Dual Enrollment Grant program, a student must be enrolled for college courses for which they also earn high school credit. A student must be a Tennessee resident, as defined by Chapter 0240-2-2, Classifying Students In-State and Out-of-State, as promulgated by the Tennessee Board of Regents, for one year as of the application deadline of the semester of enrollment in an eligible postsecondary institution.

Participants are completing college level coursework for which they are receiving dual credit towards a post-secondary program and high school graduation.

Students applying for the Tennessee Dual Enrollment Grant program must be certified as eligible by the high school, have selected post-secondary courses approved by the high school as meeting high school graduation requirements, gain admission to the post-secondary institution as a dual enrollment student and be enrolled in a high school approved course of study. The grant shall be utilized for courses that count toward high school graduation requirements and hours of post-secondary credit.

An online application must be completed and processed by the deadline date each semester in order for a student to participate and have coursework funded by this grant.

Grant funds assist with tuition cost for participants. *See fee requirements, Dual Enrollment Agreement form.*

Participants must maintain a minimum cumulative college grade point average of 2.75 for continued participation.

Participants may take up to two courses per academic semester granted they meet the Hope Scholarship requirements. Students taking more than one course per semester must submit the Additional Course Agreement. Transfers of post-secondary credits completed as part of this program are subject to review by the post-secondary institution to which the student is applying.

Failure to apply and enroll at an eligible post-secondary institution will void the processing of this application to participate in the Dual Enrollment Grant program.

The college grade will appear on the official high school and college transcripts. I authorize the post-secondary school to release my mid-term and final grade report to appropriate secondary officials. I acknowledge that I may revoke this consent in writing at any time by sending such authorization to the college/ university.

Students may not withdraw from any college course without written permission from an administrator or counselor. Should students withdraw without consent, the student may be responsible for any costs associated with the withdrawal including the cost of tuition before TSAC funds are secured.

I agree to abide by the guidelines stated above.

Student Signature

Date

I have read the guidelines stated above and give consent for my child to participate as a dual enrollment student.

Parent/ Guardian Signature

Date