

This section must be completed by any applicant who is required to register in accordance with the Military Selective Service Act. I am registered with the Selective Service System. Yes No Not Applicable, indicate reason:

_____ under 18 years of age
_____ excused from registration provided for by federal law
_____ a member of the armed forces on active duty
Other _____

EMERGENCY CONTACT PERSON (Parent, Guardian, or other):

_____	_____	_____
Name	Relationship	Email
_____	_____	_____
Address	Telephone (Daytime)	(Evening)

TO BE COMPLETED BY PARENT/CUSTODIAN (GUARDIAN)

PARENT CERTIFICATION:

- I certify that all information provided on this application is correct.
- I have received a copy of the Dual Enrollment Criteria and agree to all terms and tuition policies.
- If my child is approved for participation in the Dual Enrollment Program, he/she will comply with all the requirements.
- I understand that the college courses and college grades earned in those courses in which my child enrolls through the Dual Enrollment Program will be on my child's permanent college academic record.
- I understand that the grades my child earns on college courses in which he/she enrolls through the Dual Enrollment Program will be used by other programs, including TOPS, to determine his/her 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, UL Lafayette and the Office of Student Financial Assistance access to my child's high school and college academic records

Parent/Custodian (Guardian) Signature Date

TO BE COMPLETED BY HIGH SCHOOL:

- A. Name of High School _____
- B. ACT HS Code _____ Public High School Non-public High School Home School
- C. Current School Year: 20__ - 20__ 1st Semester 2nd Semester
- D. Student's current grade level: 11th Grade 12th Grade Number of Carnegie Units completed _____
- E. Student is on track for completing (by graduation from high school) the required high school core curriculum Yes No
- F. A copy of this student's PLAN, ACT or SAT Scores is attached.
- G. Student has has not previously participated in the Early Start/Dual Enrollment Program.
- H. Student earned a grade of ___ in the last college course in which s/he was enrolled for participation in the Early Start/Dual Enrollment Program. S/he was enrolled in this course in the _____ semester/term of _____.
- I. Student will take courses ___ At high school ___ At UL Lafayette

HIGH SCHOOL CERTIFICATION:

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

Signature of Principal or Designee Date