



Dear Parent / Guardian,

By signing this form you are authorizing your student, _____ to participate in the Dual Enrollment program between Jackson College (JC) and Jackson County Early College (JCEC).

Additionally, by signing this form you are allowing your student to register for their dual enrollment / early college coursework in conjunction with their JCEC or high school counselor. Your student and the counselor will have the discretion to adjust your student's enrollment registration to best fit your student's needs and schedule availability.

As a parent/guardian, I authorize my dependent to enroll at Jackson College and understand that I am responsible for all tuition and fees not covered by the sponsoring school (billing information will be sent to student's home address if tuition and fees are not covered by school). I understand enrollment creates a permanent college transcript and I concur with the high school official regarding course selection and my dependents ability to be successful. I further acknowledge that I am aware that some college courses contain adult content and internet material is not filtered.

Additionally I agree to abide by the existing FERPA policy currently incorporated at Jackson College. I acknowledge that if I want access to my student's materials, my student must complete and submit a FERPA waiver form to Jackson College allowing me access.

This form will not alter any of the mandates listed on the standard Dual Enrollment Application. A copy of this form will be maintained by both JC and JCEC respectively.

Parent or Guardian Signature (Date)

High School Counselor (Date)