



Full Legal Name:

High School Name:

Projected Graduation Date:

## **DUAL ENROLLMENT PARTICIPATION AGREEMENT**

### **Student & Parent/Guardian Acknowledgements**

Please read these statements in their entirety. By submitting this form, you are agreeing that the following statements are true:

1. I/my student understand that I may be registering for credit hours, not all of which may be eligible for Dual Enrollment funding available under Georgia Law (HB 444). **Some reasons a course may not be eligible for funding include the following:**
  - a. The course is not listed on the [GAFutures directory](#);
  - b. The student exhausted the 30-credit hour funding cap;
  - c. The student enrolled in an academic core course taken as a 10th grader;
  - d. The student failed to maintain GPTC's [Satisfactory Academic Progress](#) (SAP);
  - e. The student withdrew from two or more courses;
  - f. The student repeated a course for which Dual Enrollment funding has been applied;
  - g. The student attends a high school that does not participate in the Dual Enrollment program;
  - h. The student enrolled in a course that the high school designee (generally the counselor) did not authorize Dual Enrollment funding to cover in GA Futures, regardless of whether the high school designee discussed the authorization or not;
  - i. The student enrolled in a course that is not paid for by Dual Enrollment funding for any reason not mentioned.
  - j. The student's Social Security Number did not match in both the GPTC and GAFutures systems.
  - k. The student is a male who turned 18 in the semester and did not register for [Selective Service](#).
2. I/my student understand I am responsible for keeping track of the number of credit hours attempted by my student in the Dual Enrollment program. This includes all institutions attended, not just courses taken with GPTC.
3. I/my student understand that although GAFutures covers all mandatory college fees, some courses and some programs of study may have additional lab fees, supplies, uniforms, and/or kits that are not covered under Dual Enrollment funding but are required and necessary for successful completion of the course or program. I understand that **it is my responsibility to pay for the required lab fees, supplies, uniforms, and/or kits that are not paid for by Dual Enrollment funding. These courses take place on all campuses, including off-site high schools and career academies.**
4. I/my student understand that it is my responsibility to ensure the [GAFutures application](#) and required documentation needed for approved funding has been completed. If the information submitted is incorrect and/or incomplete, it is my responsibility to provide the required documentation for correcting the student record before billing occurs. If I fail to do so, I agree to pay all tuition, fees, supplies, and book costs at the applicable residency tuition rate.
  - a. ***Please double check that the social security number added to the application in both GAFutures and GPTC match.***
5. I/my student understand that effective Summer term of 2022, fiscal year 2023, the Georgia Student Finance Commission added a new requirement. All males, US Citizens and immigrants, are [required to register with the United States Selective Service System](#), in accordance with O.C.G.A. § 20-3-519.1(b). This is for all males ages 18 through 25. Students must be registered with the Selective Service System before dual enrollment funds are awarded. Eligible males may register 30 days prior to their 18th birthday, but are not required to register until they are 18. This includes all males who will turn 18 during an enrollment term. **Failure to register for the Selective Service System will result in the student and/or family being responsible for paying the cost of tuition and books.**
6. If I/my student is eligible for HOPE Grant or HOPE Career Grant funding and I opt to use the funding source, I agree to complete a [Lawful Presence and Residency form](#) and authorize GPTC to apply the HOPE Grant and/or HOPE Career Grant towards tuition. **I agree to pay all tuition, fees, and books**

**costs that are not covered by the HOPE Grant and/or HOPE Career Grant. Additional documentation may be required.**

7. I understand that if my student is using [HOPE Career Grant](#) funding or is in the [Accelerated Career Program](#) using the ACE Grant, that the school's counselor or I must notify dualenrollment@gptc.edu and that my student must be in a correct program of study.
8. I/my student understand that it is the student's responsibility to work through any [technology issues](#) before the start of class. All semester calendars can be found on the website.
9. I/my student understand that it is the student's responsibility to [check their course schedule](#) before the start of the semester to make sure they are scheduled into the correct course with the correct location and time. It is also the student's responsibility to be aware of important dates such as add/drop, withdraw, and the dates of their finals.
10. I/my student understand that the student is responsible for signing on to Blackboard on the first day of class to complete the no/show assignment. If I do not complete this assignment on the first day of class, I may be dropped from the course.
11. I/my student understand that it is the student's responsibility to ask a dual enrollment coordinator or Student Support Services if they need any help.
12. I/my student understand that courses taken through the Dual Enrollment program will become part of both the permanent high school and college records. Academic performance while in Dual Enrollment may impact high school graduation, future college enrollment, and/or financial aid. I/my student also understand that I will be held accountable to the standards and regulations set forth in the [GPTC Student Code of Conduct](#), and failure to comply may result in disciplinary actions, including dismissal from the college by an authorized administrator.
13. I/my student understand that a high school IEP/504 plan does not transfer to a college. I understand that a student requesting reasonable accommodations is required to identify themselves to the college and must [meet with the Disabilities Services](#) advisor to determine an accommodation plan.
14. I/my student understand that my student's name, quotations, and photographic likeness may be used in all forms and media for advertising, trade, and any other lawful purposes on behalf of GPTC or the Technical College System of Georgia and that I will not receive now or in the future compensation for this usage. I also understand that my student's name, quotations, and photographic likeness may be posted on GPTC's website and social media platforms and can be downloaded by any computer user on or off campus. I understand that it is my responsibility to notify GPTC if I refuse to have my student's name, quotations, or photographic likeness used for the college's unlimited purposes.
15. I/my student understand that student records are protected by FERPA (Family Education Rights and Privacy Act), regardless of the age of the student. Once a student enrolls in the college, **GPTC is only able to speak with the student regarding admissions, schedules, grades, etc., unless there is a [FERPA release form](#) submitted by the student.**
16. I understand that Dual Enrollment is a state-funded program administered through the [Georgia Student Finance Commission](#) (GSFC) and is subject to change at any time.

As the student, and parent/guardian of the above-named student, my signature on this waiver certifies that I have read, understand, and accept the above information and the content regarding Dual Enrollment policies found at [www.gptc.edu](http://www.gptc.edu) and [www.GaFutures.org](http://www.GaFutures.org). I agree to hold harmless and expressly waive any legal claims that could otherwise be made against Georgia Piedmont Technical College, Technical College System of Georgia, the State of Georgia, and all employees, regarding any authorized actions taken by the technical college, or for any out-of-pocket payments made by me to enroll in Dual Enrollment courses.

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Print Student Name

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Student Signature

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Date

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Print Parent/Guardian Name

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Parent/Guardian Signature

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Date