

## **Acknowledgement of Potential Costs Associated with Dual Enrollment**

I understand that my student,	number of credit hours attempted and/or student exceeds the maximum number of Dual Enrollment funds, I agree to pay all
If my student is eligible for HOPE Grant or HOPE Career Grant	t funding, then I agree to the following:
I agree and authorize the technical college to apply the HOPE Grant and or HOPE Career Grant funds towards any credit hours not covered by the Dual Enrollment funding program.	
I agree to pay out of pocket the tuition, mandatory fees are not covered by the Dual Enrollment and/or HOPE Grant/HO	
As the parent/guardian of the above named student, my signature understand, and accept the above information. I agree to hold claims that could otherwise be made against Georgia Piedn College System of Georgia with regard to any authorized action out-of-pocket payments made by me to enroll my student in Dual	I harmless and expressly waive any legal nont Technical College or the Technical as taken by the technical college, or for any
Parent/Guardian Name (PRINTED)	Date
Parent/Guardian Signature	













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