Dual Credit Student-Parent/Legal Guardian Agreement Form

Student ID#_____Date_____School_____Grade Level ____

I,_____, the parent/guardian of_____,
Printed name of parent/legal guardian *Printed name of student*

understand that the **Houston Independent School District Dual Credit Division** has certain expectations that students must meet throughout the school year in order to be successful in dual credit courses.

Students must: **(Parent/Legal Guardian, please initial to indicate that you have read and agree.)**

_____ Attend all summer, fall and spring sessions based on the requirements of the specific dual credit program
_____ Maintain a passing grade in all classes and dual credit courses
_____ **Understand that dual credit grades will be placed on your college transcripts and follow you throughout your academic career**
_____ Officially withdraw from the college course when deciding to withdraw from the HISD course; this includes withdrawing from or transferring to another HISD campus
_____ Attempt to earn industry certification in the area of study as prescribed by your program
_____ Must comply with HISD and partnering college attendance policy in order to avoid losing credit for the course
_____ Adhere to the HISD and partnering college Student Code of Conduct
_____ Meet other expectations as defined by the individual campus dual credit program and relevant to that specific academic or Career and Technical Education pathway
_____ Utilize his/her social security number to complete the partnering college application process.

HISD may access my child's social security number for this purpose. (In the instance that your child

If a student earns a failing grade for any dual credit course then he/she may be subject to limited dual credit course enrollment or deemed ineligible to enroll in any further dual credit courses.

We agree to adhere to the program expectations and policies as outlined in this agreement. All signatures are required in order for students to be enrolled in a dual credit course.

By signing this form, you are giving permission to HISD and a partnering college to enroll your student in college courses for which he/she will begin an official, permanent college transcript.

_____ _____
Student Signature and Date Parent/Legal Guardian Signature and Date

_____ _____
Dual Credit Leader/Counselor Signature and Date Principal/Designee Signature and Date