Atlantic/McFatter/Sheridan Technical College and Technical High School

Home School Career Dual Enrollment Parent Notification of Student Status

Student Name:
Student ID Number:
Date of Birth:
Emergency Contact Information:
Parent Name:
Parent Email:
Relationship to Student:
Address:
Phone Number:
Career Dual Enrollment Program:
Courses Scheduled for Terms 6 and 7:

Career Dual Enrollment Liaison Approval Signature:

The parent/guardian is responsible for advising the student each semester, at which time the student's eligibility for enrollment in specific approved courses at Atlantic Technical College must be verified by the parent/guardian

Continued Eligibility - Earn a C or better in each course and maintain a 2.0 college grade point average on a 4.0 scale. If the student is projected to graduate from high school before the scheduled completion date of a postsecondary course, the student may not register for dual enrollment.

Parent Signature:

ate:	
Section B: To Be Completed By the School District Home Ed	ucation Office Staff
Name of County	
Our records reflect that this student has been registered with the Home Education	ion Office in this school district since:
{original date of registration}, 20	_
This student's annual evaluations have been submitted in accordance with appractive status: [Yes][No] Date:, 20 This student is a new Home Education student, the date of his/her annual	, and the second
If you have questions or need additional information concerning this matter, please call the School District Home Education Office at: {telephone number} ()	FOR DISTRICT OFFICE USE ONLY
Signature of District Home Education Coordinator Date	
Printed Name of District Home Education Coordinator	
a mail Address of District Home Education Coordinator	



