

**Washington County Public School's  
Concurrent/Dual Enrollment**

Name: \_\_\_\_\_  
(Print full name)

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ High School: AHS HHS JBHS PHHS (circle one)

Parent/Guardian Name: \_\_\_\_\_

College Attending: \_\_\_\_\_

Courses to be transferred for High School Credit:

Course Title & Number	Semester (Fall/Spring/Summer)
_____	_____
_____	_____
_____	_____
_____	_____

Courses NOT to be transferred for High School Credit:

Course Title & Number	Semester (Fall/Spring/Summer)
_____	_____
_____	_____

I understand that I must take and pass both semesters of a course to count for one high school credit. I understand that if I have any grade below a C at the semester, I may be required to take the second semester of that course at \_\_\_\_\_ High School. I accept responsibility to provide my own transportation to and from the college in which I am enrolled.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature, if approved

\_\_\_\_\_  
Date