



Continuing Education Division
High School Concurrent Enrollment Approval Form
This form is to be completed for each student and for each attended class.

Name of Student _____ Age _____ Birth Date ____/____/____
Last First Middle (Must be 16 years Old) M D Y

Grade Level _____ High School _____ Is this a home school? ____No ____Yes

Class Title	Section #	Class Date	Class Hours
1) _____	_____	_____	_____
2) _____	_____	_____	_____

I certify that the student listed above is in good academic standing and is making satisfactory academic progress toward graduation.

Approval (signature) of Principal/Counselor Date

Permission to register for an on-line course

Approval (signature) of Principal/Counselor Date

Western Piedmont Community College has permission to release my transcript and/or educational records to my parents and/or the high school I am attending during my enrollment as a concurrent enrollment student.

Student Signature Date

Approval (signature) of Director of Records & Registration (or designee) Date