

Policy Title: Concurrent Enrollment Agreement Form Policy #602.6E2

I, _____, am a student at Monticello High School who is participating in the district's concurrent enrollment. I state that I am aware of and have read the district's policy on post-secondary enrollment instruction. I further state that I meet all of the requirements outlined in the district's policy on concurrent enrollment.

I, _____, am the parent/guardian of _____, a student at Monticello High School who is participating in the district's concurrent enrollment. I state that I am aware of and have read the district's policy on post-secondary enrollment instruction. I further state that my child/student meets all of the requirements outlined in the district's policy on concurrent enrollment.

For the _____ school year, I am agreeing to participate in the following concurrent enrollment courses:

Course Name _____

Course Name _____

Course Name _____

Course Name _____

Course Name _____

Course Name _____

Course Name _____

By signing below, we agree that the student has the necessary time management skills, organizational skills, self-advocacy, and work ethic to successfully complete this college coursework.

Student Signature & Date

Parent Signature & Date

Please return this to the High School Office with your registration information.

Approved: 2/24/14 Reviewed and Amended: 2/23/15; 1/22/18; 12/16/19