



# Course Approval AND Parental Consent and Waiver for Dual Credit/ Exceptional Admission Students Age 17 or Younger

**For LSC Office Use Only:**

Check the  Dual Credit High School (DCHS)  Dual Credit College Academy (DCCA)  EA (Exceptional Admit)  
 Appropriate  Dual Credit Home School (DCHMS)  Dual Credit College Academy Early College High School (EAEC)  EAACL (Exceptional Admit – Accelerated)  
 Program:

<b>Type or Print</b>	Name of Student: _____		LSC ID# _____		DOB: ___ / ___ / _____	
	Current School: _____		Current Grade Level: _____		HS ID# _____	
	Level: _____		HS Graduation Date (MM/YYYY): _____			
I understand that if I am admitted under this program, that a college level standard of conduct is required. It is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSC, and standards set forth in the course syllabus. I understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school.						
_____ Student Signature				_____ Daytime Phone Number		

**To be Completed by Parent or Legal Guardian**

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named student to enroll in classes at LSC.

- I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. In consideration of Student being permitted to participate in courses at LSC and use the LSC facilities ("facilities"), I, on behalf of myself and Student, hereby waive rights to sue, assume all risks and release the College, its trustees, and employees from all claims for injury, illness, death, property damage, or other loss arising from Student's participation in courses or use of the facilities.
- I understand the student will be responsible for any charges remaining on his/her account not covered by any applicable waivers and is subject to LSC's Student Financial Responsibility Agreement: [www.lonestar.edu/departments/financetreasury/LSCS Financial Responsibility Agreement.pdf](http://www.lonestar.edu/departments/financetreasury/LSCS_Financial_Responsibility_Agreement.pdf)
- I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs.
- I understand that once the student is registered in a college course, he/she controls access to his or her educational records under the Family Educational Rights and Privacy Act (FERPA) and—unless an exception applies—I may not have access to my student's records without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- I understand that students who receive a D or F in a dual credit course are not permitted to continue in the dual credit program.
- I understand that if my child is aged 15 years or younger, I hereby assure that I (parent, legal guardian, or authorized responsible adult) will be available on the college campus (but not in the student's classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.
- For College Credit Only: I understand the high school is not required to count the college course towards high school graduation requirements. I understand the student cannot register for a college credit only course conflicting with the class schedule at the high school.

**My signature below acknowledges that I have read and understand the policies above.**

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

To be Approved by High School Principal or Designee								
College Course Selections				Select Appropriate Term			LSC Registration Note: Enter "Action Reason" Code	
Class #	Subject	Catalog #	Section #	Year 20 ____	Year 20 ____	Year 20 ____	DC	EACC
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>

Official Test Scores are required for Dual Credit registration at Lone Star College and have been attached to this form.

\_\_\_\_\_  
High School Principal or Designee Signature \_\_\_\_\_  
Date

For LSC Office Use Only					
Term: Summer	Year: 20 ____	Term: Fall	Year: 20 ____	Term: Spring	Year: 20 ____
Total Hrs Enrolled: _____		Total Hrs Enrolled: _____		Total Hrs Enrolled: _____	
Hrs Eligible for Waiver: _____		Hrs Eligible for Waiver: _____		Hrs Eligible for Waiver: _____	
Initial: _____	Date: _____	Initial: _____	Date: _____	Initial: _____	Date: _____



# Course Approval AND Parental Consent and Waiver for Dual Credit/ Exceptional Admission Students Age 17 or Younger

**For LSC Office Use Only:**

- Check the  Dual Credit High School (DCHS)  Dual Credit College Academy (DCCA)  EA (Exceptional Admit)  
 Appropriate  Dual Credit Home School (DCHMS)  Dual Credit College Academy Early College High School (EAEC)  EAACL (Exceptional Admit – Accelerated)  
 Program:

<b>Type or Print</b>	Name of Student: _____		LSC ID# _____		DOB: ___ / ___ / ____	
	Current School: _____		Current Grade Level: _____		HS ID# _____	
					HS Graduation Date (MM/YYYY): ___ / ___ / ____	
I understand that if I am admitted under this program, that a college level standard of conduct is required. It is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSC, and standards set forth in the course syllabus. I understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school.						
Student Signature _____				( ) Daytime Phone Number _____		

### To be Completed by Parent or Legal Guardian

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named student to enroll in classes at LSC.

- I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks. In consideration of Student being permitted to participate in courses at LSC and use the LSC facilities ("facilities"), I, on behalf of myself and Student, hereby waive rights to sue, assume all risks and release the College, its trustees, and employees from all claims for injury, illness, death, property damage, or other loss arising from Student's participation in courses or use of the facilities.
- I understand the student will be responsible for any charges remaining on his/her account not covered by any applicable waivers and is subject to LSC's Student Financial Responsibility Agreement: [www.lonestar.edu/departments/financetreasury/LSCS Financial Responsibility Agreement.pdf](http://www.lonestar.edu/departments/financetreasury/LSCS_Financial_Responsibility_Agreement.pdf)
- I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs.
- I understand that once the student is registered in a college course, he/she controls access to his or her educational records under the Family Educational Rights and Privacy Act (FERPA) and—unless an exception applies—I may not have access to my student's records without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.
- I understand that students who receive a D or F in a dual credit course are not permitted to continue in the dual credit program.
- I understand that if my child is aged 15 years or younger, I hereby assure that I (parent, legal guardian, or authorized responsible adult) will be available on the college campus (but not in the student's classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.
- For College Credit Only: I understand the high school is not required to count the college course towards high school graduation requirements. I understand the student cannot register for a college credit only course conflicting with the class schedule at the high school.

**My signature below acknowledges that I have read and understand the policies above.**

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

\_\_\_\_\_  
Date

### To be Approved by High School Principal or Designee

College Course Selections				Select Appropriate Term			LSC Registration Note: Enter "Action Reason" Code DC EACC	
Class #	Subject	Catalog #	Section #	Year 20 ____	Year 20 ____	Year 20 ____	Dual Credit	College Credit Only
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Summer I <input type="checkbox"/> Summer II	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/>	<input type="checkbox"/>

- Official Test Scores are required for Dual Credit registration at Lone Star College and have been attached to this form.

\_\_\_\_\_  
High School Principal or Designee Signature

\_\_\_\_\_  
Date

### For LSC Office Use Only

Term: Summer	Year: 20 ____	Term: Fall	Year: 20 ____	Term: Spring	Year: 20 ____
Total Hrs Enrolled: _____		Total Hrs Enrolled: _____		Total Hrs Enrolled: _____	
Hrs Eligible for Waiver: _____		Hrs Eligible for Waiver: _____		Hrs Eligible for Waiver: _____	
Initial: _____	Date: _____	Initial: _____	Date: _____	Initial: _____	Date: _____



**AUTHORIZATION TO RELEASE EDUCATION RECORDS**  
**Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)**

I, \_\_\_\_\_, hereby voluntarily authorize officials at Lone Star  
College (LSC) to disclose personally identifiable information from my education records.

[Print Name of Student]

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Grades/Transcripts           | <input type="checkbox"/> Photos                     |
| <input type="checkbox"/> Financial Aid                | <input type="checkbox"/> Academic Records           |
| <input type="checkbox"/> Disciplinary                 | <input type="checkbox"/> <b>All College Records</b> |
| <input type="checkbox"/> Scholarship and/or Honors    |   |
| <input type="checkbox"/> Other (Please Specify) _____ |   |

This information may be released to:

\_\_\_\_\_

[Print Full Name(s) of Individual(s) To Whom LSC May Disclose Information]

for the purpose of informing:

- |   |   |
|---|---|
| <input type="checkbox"/> Family                       | <input type="checkbox"/> Employer/Prospective Employer                  |
| <input type="checkbox"/> Educational Institution      | <input type="checkbox"/> Public or Media of Scholarship, Honor or Award |
| <input type="checkbox"/> Other (Please Specify) _____ |   |

**This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
LSC Student ID Number

LSC-CyFair  
Student Services  
281-290-3200

LSC-Kingwood  
Student Services  
281-312-1613

LSC- Montgomery  
Student Services  
936-273-7326

LSC- North Harris  
Student Services  
281-618-5481

LSC- Tomball  
Student Services  
281-351-3310

LSC- University Park  
Student Services  
281-401-5370

**Note: Modification of this Form requires approval of OGC**