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:_____

Date:_____

Section B: To Be Completed By the School District Home Education Office Staff

Name of County _____

Our records reflect that this student has been registered with the Home Education Office in this school district since:

{original date of registration} _____, 20_____

This student's annual evaluations have been submitted in accordance with applicable statutes and guidelines and he/she remains on active status:

[____ Yes][____ No] Date: _____, 20_____

☐ This student is a new Home Education student, the date of his/her annual elvaluation will be:_____, 20_____

If you have questions or need additional information concerning this matter, please call the School District Home Education Office at:

{telephone number} (_____) _____

_____ / _____
Signature of District Home Education Coordinator Date

_____
Printed Name of District Home Education Coordinator

_____
e-mail Address of District Home Education Coordinator

FOR DISTRICT OFFICE USE ONLY