

DUAL ENROLLMENT FORM

Dual Enrollment Coordinator 888-785-5624
MSC 728 706-886-7299 ext. 5354
Toccoa Falls, GA 30598 www.tfc.edu



Enrollment Information

Anticipated High School Graduation Date: _____

Semester in which you are enrolling: Fall Spring Summer Year: 20____

Desired Dual Enrollment Class Schedule:

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Course: _____ Days/Times (on campus): _____ Session (online A/B): _____

Demographic Information

Full Legal Name: _____
Last First Middle or Maiden Preferred First Name

Permanent Address: _____
Street Address

City County State Zip

Home Phone (____) ____ - _____ SSN ____ - ____ - ____ Date of Birth ____/____/____

Parent Agreement

I give my child permission to participate in the Dual Enrollment program of Toccoa Falls College. I believe that it is in the best interest of my child to participate in the program; therefore, I agree to cooperate fully with my child, the college, and the high school. I understand that the college is not responsible for any injury my child may incur while attending, or participating in, any college sponsored program or activity.

Signature of Parent or legal Guardian

Date

Student Agreement

I give my permission to Toccoa Falls College to send my high school an official TFC transcript at the end of each semester.

Signature of Student

Date

High School/ Home School Agreement

Grade Level: _____ Cumulative GPA: _____ ACT or SAT Score: _____

High School: _____ Phone: (____) ____ - _____

Address: _____

I recommend this student to participate in the dual enrollment program at Toccoa Falls College. I understand the conditions of admission to the dual enrollment program as listed in the college catalog and certify that the student is qualified for participation. I also agree to provide Toccoa Falls College with an official high school transcript after high school graduation showing high school graduation date.

Print Name of High School/Home School Official
Date

Signature of High School/ Home School Official

Telephone Number

Email Address

Send this form to the Dual Enrollment Coordinator at Toccoa Falls College. If you have any questions concerning this Dual Enrollment Form, please call 888-785-5624 ext. 5354.

Toccoa Falls does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.

The President has been designated to handle inquiries regarding the nondiscrimination policies: President, Toccoa Falls College, Toccoa Falls, GA 30598, 706-886-7299 ext. 5200