

## How do I register for classes?

### FOR PUBLIC OR PRIVATE SCHOOL STUDENTS

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#### APPLY FOR STATE FUNDING

Each semester, complete and submit the *online Dual Enrollment funding application* at [GAfutures.org](http://GAfutures.org) or by [following this link](#) and clicking 'apply'.

Completing this application does not automatically register you for classes but is **required** in order to have your courses funded.

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#### PICK YOUR CLASSES

Each semester, fill out the TFC Dual Enrollment Registration Form after you have met with your High School Guidance Counselor to determine which classes are right for you. This form can be found at [www.tfc.edu/dual](http://www.tfc.edu/dual) or [at the end of this packet](#).

For high schools in the State of Georgia, Toccoa Falls College will accept the *Student Participation Agreement* as long as the desired courses are clearly indicated (including online sessions A, B, or 16-week when applicable).

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#### SUBMIT TO TFC

Have your High School Guidance Counselor sign and submit your registration forms to [dualenrollment@tfc.edu](mailto:dualenrollment@tfc.edu) and our office will email confirmation within 5 business days!

Be sure to get your registration forms in by the appropriate deadline!

#### IMPORTANT DATES FOR SPRING 2019

Semester / Session	Registration Opens	Register by	Classes start
Residential	Oct 8	Dec 5	Jan 22
Online 16-week	Oct 8	Dec 5	Jan 22
Online Session A	Oct 8	Dec 5	Jan 22
Online Session B	Oct 8	Mar 1	Mar 25

# DUAL ENROLLMENT FORM

Office of Dual Enrollment  
107 Kincaid Dr. MSC 728  
Toccoa Falls, GA 30598

706-886-7299 ext. 5277  
dualenrollment@tfc.edu  
www.tfc.edu/dual



# TOCCOA FALLS

C O L L E G E

## Enrollment Information

Last Name	First Name	Middle Name/Initial	Preferred Name / Nickname
*Student ID Number	Date of Birth		Preferred Phone Number
Anticipated High School Graduation Date		Term/Year	Email Address

## Requested Dual Enrollment Courses:

Course Code/Name	On-Campus Time/Section or Online Session/Section	Second Choice (if requested course is full)	Second Choice Time/ Session/Section

## Student Participation Agreement

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

Student Signature	Date
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## 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.

Parent Signature	Date
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## High School / Home School Agreement

### Name of High School / Home School

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 School Official	Signature of School Official	Date
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Phone Number	Email Address
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Send this form to the Dual Enrollment Coordinator at Toccoa Falls College. If you have any questions concerning this Dual Enrollment Form, please call 706-886-6831 ext. 5277 or email dualenrollment@tfc.edu.

*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*