



TOCCOA FALLS
COLLEGE

DUAL ENROLLMENT

How do I register for classes?

FOR HOME STUDY / HOMESCHOOL STUDENTS

1 DECLARATION OF INTENT

Each year, complete the Home Study Program Declaration of Intent Form for the Georgia Department of Education at www.gadoe.org or by [following this link](#) to submit online.

2 FUNDING APPLICATION & PARTICIPATION AGREEMENT

Each semester with your parent/guardian, fill out the [GSFC Dual Enrollment funding application](#) and Participation Agreement for Home Study found at www.gafutures.org (also [see below](#)).

3 PICK YOUR CLASSES & SUBMIT TO TFC

Work with your Homeschool Official to determine which classes are right for you, and list them on the GSFC funding application. Be sure to indicate which sessions you are requesting (A, B, or 16-week). Also indicate this on the TFC Dual Enrollment Registration Form found [at the end of this packet](#).

Have your Homeschool Official sign and submit your registration forms to dualenrollment@tfc.edu.

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

IMPORTANT DATES AND DEADLINES FOR FALL 2020 & SPRING 2021

| Semester / Session | Registration Opens | Apply by | Register by | Classes Start |
|-------------------------------------|--------------------|----------|-------------|---------------|
| Fall '20 Online Session B | Mar. 9 | Oct. 2 | Oct. 8 | Oct. 19 |
| Spring '21 Online Session A/16-week | Oct. 5 | Jan. 8 | Jan. 13 | Jan. 19 |
| Spring '21 Online Session B | Oct. 5 | Mar. 9 | Mar. 15 | Mar. 22 |
| Spring '21 Residential | Oct. 5 | Jan. 8 | Jan. 13 | Jan. 19 |

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 | Dual Enrollment Semester/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 |
|------------------|---|--|--|
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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. I understand that I am responsible to ensure that I am abiding by the states rules and regulations for Dual Enrollment.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

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. I understand that I am responsible to pay for any courses that the state will not fund due to their rules and regulations.

| | |
|------------------|------|
| Parent Signature | Date |
|------------------|------|

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 |
|-------------------------------|------------------------------|------|

| | |
|--------------|---------------|
| Phone 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 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*