

**Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ LA Secure ID: \_\_\_\_\_  
 High School: Slidell High School Class Grade: \_\_\_\_\_ Overall GPA: \_\_\_\_\_  
 ACT Composite \_\_\_\_\_ Math \_\_\_\_\_ English \_\_\_\_\_ OR PreAct Composite \_\_\_\_\_ Math \_\_\_\_\_ English \_\_\_\_\_

**Course Enrollment (circle class(es) you are planning to take):**

| Indicate Term:<br>Fall / Spring / All Year | High School Course:         | NTCC Course:                | Instructor: |
|--------------------------------------------|-----------------------------|-----------------------------|-------------|
| All year                                   | Welding I                   | WELD 1110/1210              |             |
| All year                                   | Auto Tech                   | AUTO 1501/1401              |             |
| All year                                   | Basic EMT                   | HEMS 1200/1300              |             |
|                                            | Certified Nursing Assistant | HCOR 1211/1214<br>HMDT 1170 |             |
| All year                                   | Electrical                  | ELEC 1120/1210              | H. King     |
| All year                                   | First Responder             | HEMS 1110/1170              | G. Varnado  |

**Parent and Student Consent/Certification:**

- I certify that all information provided on this application is correct.
- If my child is approved for participation in dual enrollment courses, he/she will comply with all the requirements.
- I understand that I am responsible for additional costs not covered by state, district, or school.
- I understand that high school and college grades earned in dual enrollment courses will be on my child's permanent high school and college records.
- I do hereby authorize the college and high school the right to share relative student information as described in Louisiana Act 837, R.S. 17:3913 and 3996(B)(34) with the Louisiana Board of Regents, Louisiana Community & Technical College System, institutional accrediting bodies, Louisiana Office of Student Financial Assistance, and, if applicable, all programmatic, registry and licensure accrediting bodies.
- I understand that the grades my child earns on college courses in which he/she enrolls through the dual enrollment programs will be used by other programs, including TOPS, to determine his/her continuing eligibility for those program.

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

**Principal or Designee's Certification:**

I certify that the student completing this application has permission to participate in the dual enrollment programs, funding source eligibility, and that the information provided for this student by the high school is correct.

\_\_\_\_\_  
 Principle or Designee's Signature Date

| Funding Source(s) – Check all that apply: |                                                 |                               |
|-------------------------------------------|-------------------------------------------------|-------------------------------|
| <input type="checkbox"/> TTES             | Exam (circle):<br>ACT   Pre-ACT                 | English: _____<br>Math: _____ |
| <input type="checkbox"/> Bill to School   | <input type="checkbox"/> Bill to Student/Parent |                               |

**MUST ATTACH TRANSCRIPT AND ACT/PRE-ACT SCORES (IF YOU HAVE TAKEN IT)**