

GTCC Dual Enrollment Parent Permission Form

Northern Guilford High School

Counselors

Mr. Crawford Last names; A – D

Ms. Bunting Last names: E – K

Mrs. Elliott Last names: L – Rl

Mrs. Guthrie-Stuart Last names: Ro - Z

Student Name:	Student ID #:
Student Phone:	
Parent Name:	Parent Email:
Have you completed and submitted the GTCC Dual Enrollment Application?	YES NO
Class(es) you registered for in PowerSchool that you want to drop to accommodate the GTCC coursework:	

TRANSPORTATION	
How will student get to school each day?	
How will student get home from school each day?	

PARENT: Initial your understanding of each of the statements below:

- _____ I fully support my student's request for a Modified Day Schedule to accommodate his/her coursework at GTCC.
- _____ My student will have dependable and consistent transportation to avoid unexcused tardiness to school and allow them to leave campus at the appropriate time. **My student will leave campus within 5 minutes of dismissal from the last class assigned.**
- _____ While on campus, all school rules and expectations apply.
- _____ **SENIORS ONLY:** Students requiring 6 or more credits to meet graduation requirements (22 credits) will NOT be approved.
- _____ Student athletes must pass 70% of courses each semester to remain eligible for athletics.
- _____ It is my student's responsibility to register for and follow through with the course(s) at GTCC. Northern Guilford High School will not monitor or be able to notify parents if a student is underperforming in their GTCC coursework.
- _____ The schedule I am given at Northern Guilford High School at the beginning of the year will remain in effect until June 2025. My NGHS schedule cannot be changed mid-year to accommodate GTCC courses.

I agree to all statements above.		Date
Student Signature:		
Parent Signature:		

FOR COUNSELOR USE ONLY		
Current # of earned credits: _____	# of credits remaining for graduation: _____	GPA: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied – <i>Comments:</i> _____		
Counselor Signature _____	Date _____	