



DUAL CREDIT PARENT PERMISSION FORM

Student: _____ ID # _____

High School: _____ Billing E-Mail Address: _____

Parent or Legal Guardian:

Your student has selected to enroll in Navarro College's Dual Credit Program. We require your permission to enroll your student into our program. *(This does not guarantee your student will be eligible for Dual credit, your high school counselor will help with this determination.)*

I give him/her permission to enroll in classes at Navarro College. I understand that my child may be required to pay the regular Navarro College tuition and buy textbooks at the beginning of each semester. Upon completing registration the tuition responsibilities as well as the tuition due dates will be located on my student's Navarro College account summary. I give my permission for the college and high school to exchange personal, academic, and behavioral information about my child. I also understand that content of college classes will likely involve adult discussions over mature topics. These course-related topics will not be modified to accommodate high school learners.

Parent / Guardian Signature: _____

Date: _____

**** Please submit this form to your High School Counselor or local Dual Credit Coordinator along with your "Permit to Register Form". ****

Dual Credit Team Contact Information

Checkout our Website: dualcredit.navarrocollege.edu

Corsicana Campus: (903) 875-7527

Ellis County Campuses: (972) 923-6424

South Campus: (254) 562-3848

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