



**Student Applicant Information**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Student Age: \_\_\_\_\_  Male  Female Date of birth: \_\_\_\_\_

Responsible Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP Code

I am enrolling at Edmonds Community College as a (Mark one)  New Student  Returning Student for  
20 \_\_\_\_\_ to 20 \_\_\_\_\_ School Year

**High School Counselor/Special Education Teacher**

**School Release for Dual Enrollment** (This section must be filled out by school employee)

Special Ed Teacher/  
Counselor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work phone: \_\_\_\_\_ or Cell phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

**As an official with knowledge of the student identified in Section A of this form, and the representative of the education agency listed above, I am giving permission for this student to be dual enrolled in both the high school listed above and at Edmonds Community College's Pursuit Lab simultaneously during the school year from 20 \_\_\_\_ to 20 \_\_\_\_.**

School official signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student & Parent/Guardian**

I understand that:

- Students filling out this application are 16 or 17 years of age on their first day of class at Edmonds Community College
- I am aware that I am enrolling in both high school and college credits at the same time. This form must be filled out by student, parent/guardian and school counselor/special education teacher grants permission for Dual Enrollment and must be filled out *before* registration to the college.

*I certify that my answers are true and complete to the best of my knowledge.*

Student Signature (REQUIRED): \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_