**Dual Enrollment Parent Agreement**

**Winter 2021**

* My child has chosen to participate in the Dual Enrollment program at MHS. I understand this choice result in a reduced schedule for Winter 2021.
* Due to student safety concerns, I understand my student will be off campus during their Dual Enrollment hour. This hour is noted on the students schedule as “SC4”.
* As a parent, I am responsible for their supervision, safety, and transportation during this time.
* Failure to return this form, signed, by November 30, 2021 will result in the student being dropped from the Dual Enrollment program. The student will then be given a full schedule at MHS.
* Failure to follow these guidelines will result in disciplinary action to the student.

I understand/agree with the information above.

Student Name (Printed)

Parent Signature

Date: