



Dual Enrollment Parent/Guardian Consent

STUDENT INFORMATION

Social Security Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____

High School Currently Attending _____

PARENTAL CONSENT

I, _____, give consent for my student,
(please print name)

_____, to enroll in the Joint Enrollment

Program at Georgia Gwinnett College for the _____ school year.

Relationship: Mother Father Legal Guardian

Signature

Date