



# Schoolcraft High School

Larry Ledlow, Guidance Counselor

Street Address:  
551 E. Lyons  
Schoolcraft, MI 49087

Mailing Address:  
629 E. Clay Street  
Schoolcraft, MI 49087

Phone: 269 488 7350  
Fax: 269 488 7364

## SCHOOLCRAFT HIGH SCHOOL

### Dual Enrollment Declaration Form

Date: \_\_\_\_\_

The following are credit issues that apply toward courses taken for dual enrollment:

- Eligible students may enroll in postsecondary courses for high school credit or postsecondary credit or both.
- A student will designate which type of credit she/he desires at the time of enrollment and shall notify both the high school and the postsecondary institution of the designate.
- A student may make different credit designations for different courses.
- High school credit granted to a student shall be counted toward the graduation and subject area requirements of the school district.

As a student who will be dual enrolled you must designate whether this course(s) will be for high school credit, college credit, or both.

Fill in the appropriate information for your dual enrollment class(s).

Student's Name	College/University in which enrolled		
Course #	Course Title	Section #	Days/Time

Circle one:    High School Credit    College Credit    Both

\*I understand there may be charges incurred by my student that are not covered by Schoolcraft Schools and will be my responsibility to pay.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature





# APPLICATION FOR HIGH SCHOOL DUAL ENROLLMENT

## WESTERN MICHIGAN UNIVERSITY

NO FEE REQUIRED

1 Name (Last, First, Middle) \_\_\_\_\_

2 Permanent Address (Include city / state / zip) \_\_\_\_\_

Phone \_\_\_\_\_

( ) \_\_\_\_\_

3 Mailing Address and Phone (If different) \_\_\_\_\_

4 E-mail Address \_\_\_\_\_

5 Social Security Number \_\_\_\_\_

9 In which state do you claim your legal residence? \_\_\_\_\_

The information in items 6 - 8 is optional and is not considered when determining admissibility.

How long have you lived there? \_\_\_\_\_

6 Your Racial/Ethnic Group:  
(Select the one group with which you most closely identify.)

10 Country of Citizenship: \_\_\_\_\_

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

11 Non-U.S. Citizen only:  
 I have an I-551 immigrant visa. Date: \_\_\_\_\_

A photocopy of your I-551 visa must be sent with this application.

7 Birth Date (MM/DD/YY): \_\_\_\_\_

12 Planning to enroll:  
 Fall (Sept.) 20\_\_\_\_  
 Spring (Jan.) 20\_\_\_\_  
 Summer I (May) 20\_\_\_\_  
 Summer II (June) 20\_\_\_\_

8 Gender:  Male  Female

13 High School Currently Attending \_\_\_\_\_

City/State \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

I certify that all answers in this application are complete and accurate. I understand that inaccurate or incomplete information on any part of this application may result at any time in cancellation of admission or registration, program dismissal, modification of student status, and/or revocation of earned degree with no refund of amounts paid. If admitted, I acknowledge I must comply with University policies, rules, and procedures. I also understand that the University reserves the right to withdraw, revoke, and/or cancel an admission or other decision at any time it deems this action is warranted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Your signature is required to complete this application.*

**PARENT TO COMPLETE:**

My son/daughter has my approval to enroll concurrently at WMU. I understand that I am responsible for payment of charges incurred by my child that are not covered by the school district for all dual enrollment terms.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**HIGH SCHOOL OFFICIAL TO COMPLETE:**

(STUDENT NAME) \_\_\_\_\_ is approved to enroll concurrently at WMU for the semester requested.

Comments: \_\_\_\_\_

School Official Name and Title (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SEND THIS APPLICATION AND AN OFFICIAL TRANSCRIPT TO:  
Western Michigan University, Office of Admissions, 1903 W Michigan Ave, Kalamazoo MI 49008-5211**

OFFICE USE ONLY	Initial	Date	GPA	Comments	Requested	Initial	Date
ACTION			GPA		HS Transcript		
ACTION			ACT/SAT				
LETTER			ACT/SAT				
PROCESSOR							



# WESTERN MICHIGAN UNIVERSITY

## Third Party Billing Authorization for Dual Enrollment Students

Student's Name \_\_\_\_\_

WMU ID Number (WIN) \_\_\_\_\_

### Student Procedures

1. Register for Classes.
2. Complete the "Registered Course(s)" section below.
3. Have your parent or legal guardian sign the form.
4. Take the completed form to the designated official for your school district.
5. School district will complete authorized reimbursement amount, and mail to the address below.

**NOTE: This form must be completed for every semester the student is dual enrolled.**

### Registered Course(s)

Semester/Session

Fall 20 \_\_\_\_\_

Spring 20 \_\_\_\_\_

Summer I 20 \_\_\_\_\_

Summer II 20 \_\_\_\_\_

Classes

Course # / Title

Credit Hours

Authorized Reimbursement Amount  
Percentage or \$ Amount

Course # / Title	Credit Hours	Authorized Reimbursement Amount Percentage or \$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I am responsible to pay for any charges incurred by my child that are NOT covered by the school district.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This student is eligible to attend only the courses listed above and it is agreed that this school district will reimburse WMU for the authorized amount.

High School Principal/Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Invoice to:

School District \_\_\_\_\_

Attention \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Return the completed form to:**

Western Michigan University • Accounts Receivable • 1903 W Michigan Ave • Kalamazoo MI 49008-5210