



DUAL ENROLLMENT

How do I register for classes?

FOR HOME STUDY / HOMESCHOOL STUDENTS

1

DECLARATION OF INTENT

Each year, complete the Home Study Program Declaration of Intent Form for the Georgia Department of Education at www.gadoe.org or by [following this link](#) to submit online.

2

FUNDING APPLICATION & PARTICIPATION AGREEMENT

Each semester with your parent/guardian, fill out the GSFC Dual Enrollment funding application and Participation Agreement for Home Study found at www.gafutures.org (also [see below](#)). The student, parent/guardian, and Homeschool Official (*in most cases, also the parent/guardian*) must complete PAGES 1 & 2, along with PART II on page 3. The college will complete part III on page 3 and submit directly to the GSFC for state funding.

3

PICK YOUR CLASSES & SUBMIT TO TFC

Work with your Homeschool Official to determine which classes are right for you, and list them on the GSFC forms in PART II on page 3. Be sure to indicate which sessions you are requesting (A, B, or 16-week). You may also indicate this on the TFC Dual Enrollment Registration Form found [at the end of this packet](#) (keep in mind that this form does not substitute for the GSFC forms).

Have your Homeschool Official sign and submit your registration forms to dualenrollment@tfc.edu and our office will email confirmation within 5 business days!

Be sure to get your registration forms in by the appropriate deadline!

IMPORTANT DATES FOR SUMMER/FALL 2019

Semester / Session	Registration Opens	Apply by	Register by	Classes start
Online 16-week	Oct 7	Jan 6	Jan 10	Jan 21
Online Session A	Oct 7	Jan 6	Jan 10	Jan 21
Online Session B	Oct 7	Mar 6	Mar 13	Mar 23
Residential	Oct 7	Jan 6	Jan 10	Jan 21

Dual Enrollment funding application and Participation Agreement for Home Study

This Paper Dual Enrollment funding application should *only* be completed by Home Study students. A new application must be completed and submitted each term, i.e. fall, winter, spring or summer, you plan to enroll in college with Dual Enrollment.

Be Advised

Eligibility requirements are subject to change. Updates to the Program Regulations and application is posted to GAfutures no later than July 1 each year.

Part I: To be Completed by Student and Parent/Guardian

*Student _____
 Last First Middle

*Student's SSN _____ - _____ - _____ *Student's Date of Birth: ____ / ____ / ____

*Home Address: _____

 City State Zip Code

*Telephone Number: (____) _____

*Email Address: _____ @ _____

Please read the following certification statement and sign below: CERTIFICATION, AUTHORIZATION AND AGREEMENT

I/we certify that the information reported above and on any other document or writing in connection with this application is true, correct and complete to the best of my/our knowledge. I/we authorize release and exchange of information between the Georgia Student Finance Authority, educational institutions, and educational state agencies, and agree that such information exchanged may include financial, enrollment, academic status, identification, legal residency, and location information necessary to assure proper administration of this program. I/we understand that any willfully false statements made for the purpose of enabling the student to establish eligibility for, or to wrongfully receive, state student aid funds, may be subject to fine or imprisonment, or both, herein may result in prosecution for violation of Georgia Laws 1978, pp. 1249, 1310, which states that false swearing shall be punished by a fine of not more than \$1,000 or imprisonment for not less than one or more than five years or both. I/we also understand that any refund of fees, paid under Part III below, resulting from withdrawal from a postsecondary institution, will be returned to the Georgia Student Finance Authority. Further, I/we authorize the postsecondary institution, named in Part III, to forward a transcript of grades to the home study, named in Part II, at the end of the term (s) named in Part III.

I agree to allow the postsecondary institution I attend to send my home study program one academic transcript at the end of the term.

 *Student's Signature Date

 *Print Student's Name

 *Parent/Guardian's Signature Date

 *Print Parent/Guardian's Name

*Denotes required fields

Refer to the Dual Enrollment Course Directory found at www.GAfutures.org for approved courses.

Part II: To be Completed by the Home Study Program Administrator

*9th Grade Start Date: _____ (mm/yyyy)

*Scheduled to Graduate in _____ (mm/yyyy)

*During the term of enrollment for this application, the student is enrolled in: 9th 10th 11th 12th

DUAL ENROLLMENT HOME STUDY PROGRAM PARTICIPATION AGREEMENT

_____(enter your home study name) Home Study must agree to the following terms to participate in the Dual Enrollment (the “Dual Enrollment Program”) pursuant to O.C.G.A. §20- 2-161.3.

The above-mentioned Home Study agrees to:

- a. Participate in the Dual Enrollment Program in accordance with this Acknowledgement, the Dual Enrollment Program Regulations, all applicable federal, state, and local laws, rules and regulations;
- b. Obtain written consent of a parent or guardian to allow the student to participate in the Dual Enrollment Program;
- c. Agree to accept toward Home Study completion requirements, the postsecondary credit of an eligible Dual Enrollment Program student who successfully completes an approved course at an Eligible Postsecondary Institution;
- d. Record on the student’s Home Study transcript each approved course name, grade, and amount of credit hours and course unit credits earned for each course taken as required in the Dual Enrollment Program Regulations;
- e. Comply with the Dual Enrollment Program Regulations, as amended or modified from time-to-time, and to comply with such instructions as may be issued from time- to- time by GSFC, including instructions contained on administrative forms and procedures, Dear Colleague Letters and School Updates for use in the administration of the Dual Enrollment Program; and
- f. Comply with all applicable federal and State of Georgia privacy and data security laws pertaining to proper access, creation, modification, handling, storage, transfer, transmission, dissemination, sharing or destruction of confidential information, including, but not limited to the Family Educational Rights and Privacy Act of 1974, as amended (“FERPA”), pertaining to the Home Study and the students.

*Print Name of Certifying Home Study Official

*Signature of Certifying Official

Date

~GSFC Assigned Home Study Code (if known)

~The GSFC Home Study Code will be provided upon receipt of a completed and signed application. The six digit code, will not change and is to be utilized by each child attending your home study program and participating in the Dual Enrollment program.

Upon completing the high school section found on the following page, forward the application to the postsecondary institution. Incomplete applications submitted to GSFC will not be processed.

*Denotes required fields

Upon completing the high school section, the application must be given to the college (postsecondary) to complete Part III. Applications submitted to GSFC which are incomplete cannot be processed.

 *Student Name

 *Student SSN

Student has a documented High School Postsecondary Graduation Opportunity Plan (SB2)

Beginning Fall 2018, the Dual Enrollment Program pays up to a per term maximum of 15 semester or 12 quarter hours. Course credit hours listed which exceed 15 semester or 12 quarter hours are not included in Dual Enrollment funding.

Part II: To be completed by Home Study Administrator

Part III: To be completed by Postsecondary Official

To be completed by Home Study Administrator		To be completed by Postsecondary Official			
*High School Course Number	*High School Course Name	*Postsecondary Institution Course Number	*Postsecondary Institution Course Name	*Credit Hours	Campus Code 1- Online 2- At College 4 Other

<p>_____ *Print Name of Certifying Home Study Official</p> <p>_____ *Signature of Certifying Home Study Official</p> <p>_____ *Date</p> <p>_____ *Telephone Number</p> <p>_____ @ _____ *Email Address</p>	<p>*Postsecondary Institution: _____ *Term _____ *Year _____</p> <p>*Title IV School Code: _____</p> <p>_____ *Print Name of Postsecondary Official</p> <p>_____ *Signature of Postsecondary Official</p> <p>_____ *Date</p> <p>_____ *Telephone Number</p> <p>_____ @ _____ *Email Address</p>
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Scan and email **completed application** to dualenrollment@gsfc.org OR mail to: GSFC, 2082 E. Exchange Place, Tucker, GA 30084

An application is considered complete when all pages have been completed and signed by high school and postsecondary officials. It is the responsibility of the student/high school to forward the application to the postsecondary institution for approval. Incomplete applications submitted to GSFC will not be processed

DUAL ENROLLMENT FORM

Office of Dual Enrollment
107 Kincaid Dr. MSC 728
Toccoa Falls, GA 30598

706-886-7299 ext. 5277
dualenrollment@tfc.edu
www.tfc.edu/dual



TOCCOA FALLS

C O L L E G E

Enrollment Information

Last Name	First Name	Middle Name/Initial	Preferred Name / Nickname
*Student ID Number	Date of Birth		Preferred Phone Number
Anticipated High School Graduation Date		Term/Year	Email Address

Requested Dual Enrollment Courses:

Course Code/Name	On-Campus Time/Section or Online Session/Section	Second Choice (if requested course is full)	Second Choice Time/ Session/Section

Student Participation Agreement

I give my permission to Toccoa Falls College to send my high school an official TFC transcript at the end of each semester.

Student Signature	Date
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Parent Agreement

I give my child permission to participate in the Dual Enrollment program of Toccoa Falls College. I believe that it is in the best interest of my child to participate in the program; therefore, I agree to cooperate fully with my child, the college, and the high school. I understand that the college is not responsible for any injury my child may incur while attending, or participating in, any college sponsored program or activity.

Parent Signature	Date
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High School / Home School Agreement

Name of High School / Home School

I recommend this student to participate in the dual enrollment program at Toccoa Falls College. I understand the conditions of admission to the dual enrollment program as listed in the college catalog and certify that the student is qualified for participation. I also agree to provide Toccoa Falls College with an official high school transcript after high school graduation showing high school graduation date.

Print Name of School Official	Signature of School Official	Date
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Phone Number	Email Address
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Send this form to the Dual Enrollment Coordinator at Toccoa Falls College. If you have any questions concerning this Dual Enrollment Form, please call 706-886-6831 ext. 5277 or email dualenrollment@tfc.edu.

*Toccoa Falls does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.
The President has been designated to handle inquiries regarding the nondiscrimination policies:
President, Toccoa Falls College, Toccoa Falls, GA 30598, 706-886-7299 ext. 5200*

Revised 9/20/2018