

Rappahannock Community College Application for Dual Enrollment

(Please complete ALL items on the application)

Notice: In accordance with §23.2.2:1 of the Code of Virginia, your name, date of birth, gender, and student identification number will be submitted to the Virginia State Police. By proceeding with the application process, you consent to this submission.

Possessing, brandishing, or using a weapon while on any college or VCCS office property, within any college or VCCS office facilities, or while attending any college or VCCS educational or athletic activities by students is prohibited, except where possession is a result of participation in an organized and scheduled instructional exercise for a course, when secured inside a vehicle, or where the student is a law enforcement professional. By proceeding with the application process, you acknowledge and agree to abide by this policy if accepted to a VCCS College.

PART A – Student Information

1. _____ 2. _____
First Name Full Middle Last Name Social Security Number

3. _____
Mailing Address City State Zip Code County of Residence

4. _____ 5. (_____) _____ 6. _____ 7. _____
Date of Birth Home Telephone Sex Race

8. U.S. Citizen: Yes No If "No", been a permanent alien resident? Yes No If "Yes", provide the A#: _____

9. _____
Name of High School Diploma Type Graduation Year
Standard or Advanced

PART B – Parent Information (to be completed by your parent or guardian)

1. Name of Parent or Legal Guardian: _____
First Last Relation to Student Daytime Telephone

Please answer the following questions using the Parent or Legal Guardian's information:

2. Is the parent or legal guardian a U.S. citizen? Yes No If "No," is he/she a permanent resident? Yes No If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____
3. Is the parent or legal guardian on active duty in the U.S. Armed Forces? Yes No
If "Yes," is Virginia listed on his/her Leave and Earnings Statement (LES)? Yes No
If active duty, Official Duty Station: _____ Reporting Date: _____ Duration of Orders: _____
mm/dd/yyyy mm/dd/yyyy
4. Is the parent or legal guardian retired or discharged from the U.S. Armed Forces? Yes No
If "Yes," date of discharge/retirement: _____ State on LES prior to discharge: _____
mm/dd/yyyy
5. Is the parent or legal guardian married to someone currently serving in the U.S. Armed Forces? Yes No
6. Is the parent or legal guardian a dependent of someone retired or discharged from the U.S. Armed Forces? Yes No
If "Yes," date of discharge/retirement: _____ State on LES prior to discharge: _____
mm/dd/yyyy
7. Has the parent or legal guardian lived in Virginia for the last 12 months? Yes No If "No," where did you live? _____
State or Country
8. For the last year, did the parent or legal guardian (select only one):
 file Virginia income taxes on all earned income
 file as a resident in another state (List state) _____
 file as a resident in Virginia and as a non-resident in another state (List State) _____
 reside in a state without income tax (List state) _____
 have no taxable income
9. For the past twelve months, has the parent or legal guardian lived out-of-state but worked in Virginia and paid Virginia income taxes on at least \$14,500 of earned income? Yes No

For the last year, has your parent or legal guardian:

10. held a Virginia Drivers license or Virginia DMV ID? Yes No If "No," has the above person held a Drivers license or DMV ID in any other state? Yes (List state) _____ No
11. owned or operated a motor vehicle in Virginia? Yes No If "No," has the above person owned or operated a motor vehicle in any other state? Yes (List state) _____ No
12. been registered to vote in Virginia? Yes No If "No," has the above person been registered to vote in another state? Yes (List state) _____ No

I certify that all of the information I have provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the college with supporting documentation related to this application if I am requested to do so.

I approve the enrollment of my son/daughter in dual enrollment classes and authorize release of grades from Rappahannock Community College at the end of each semester to the high school named above for the period that he/she is enrolled in the Dual Enrollment Program.

Signature of Parent or Legal Guardian (required)

Date

This institution maintains and promotes equal employment and educational opportunity without regard to race, color, gender, age (except where gender or age is a bona fide occupational qualification), religion, disability, national origin, or other non-merit factors. Information identifying age, gender and race is voluntary and is used for research, reporting, and student services. Such information is not used for admission decisions.