



Lakeview Centennial College & Career Magnet Dual Credit Enrollment Check-List



Name: _____ GISD#: _____ Year of Graduation: _____

DCCCD#: _____ DOB: _____

(DCCCD# is the student identification number assigned after you complete the application)

Current School: Lakeview Centennial Student Cell #: _____

Parent Name: _____ Parent Phone#: _____

Student Email: _____

VERY IMPORTANT for students to use their own personal email address. **NO PARENT emails.** You will have to know the email address on your account to reset your password if you forget it.

NOTE: Black or Blue Pen must be used on all forms. Read instructions & check-off as completed.

_____ **Complete the Online DCCCD Application**

Go to <https://www1.dcccd.edu/stuapp/>. Use the Dual Credit Application Help Sheet to complete the application. You **MUST** use the student’s email address in the application. **AS SOON AS YOU GET YOUR STUDENT ID (WHICH IS YOUR DCCCD#), WRITE IT ON THIS CHECK-LIST AND MAKE NOTE OF IT FOR FUTURE USE.** Leave the DCCCD# blank on all forms **ONLY** if your application is “pending”. If your application is “pending” it will have to be manually processed at Eastfield. You won’t receive the number until paperwork has been submitted. If you were not born in the U.S, please attach a copy of your legal documents.

_____ **Attach a copy of your Application Admission Results from the online application** – This is what you printed when you completed the online application and received your ID#.

_____ **Set-up an eConnect account Password:** _____

Please see instructions for setting up your eConnect Account in this packet. Please make sure you add a detailed password hint on eConnect. You will need to know the email on file to reset it.

_____ **Complete the Emergency Treatment Form.**

Parents should print their name in the form, complete emergency information and sign it.

_____ **Complete the FERPA Release of Proxy Form**

The Parent/Guardian listed on this form is the “Proxy.” You and parent must sign this form.

_____ **Complete the Proof of Bacterial Meningitis Immunization Form**

Both student and parent must sign this form. You do not have to have proof from your doctor if you are currently in GISD. **ONLY** attach your current shot records if you are *new to the district*.

_____ **Initial here** that you completed the **PreAssessment Activity:** Date completed: _____

You must first watch the video and then complete the sample quiz.

_____ **Dual Credit Agreement**

Initial by each item. Both student and parent must sign this form.

_____ **Complete the High School Enrollment Form.** You only have to write your DCCCD# (student ID# for Eastfield), sign, and have your parent sign. Do Not Write in the Course Name section.

_____ **Complete the Release of Records Form.** Complete the top and parent sign.



Dual Credit Application, eConnect and PreAssessment Help Sheet

1. Go to <https://www1.dcccd.edu/stuapp/>
2. Click on the link *Admissions Application for High School Students*
3. **Fill in your information**
 - a. First, Middle & Last name
 - b. Home, Work & Cell number
 - c. E-mail address & confirm e-mail (This should be the student's email address. Do not use a parent's email.)
 - d. Please choose one of the following: *I currently live in Texas*
 - e. Please indicate on what basis you are seeking admissions: *Dual Credit/Concurrent*
 - f. Create a username: Use your gisd student id#: S_____
 - g. Create a password: Use your initials in front of GISD NPin: _____ (write it here. Ex. TT123456)
 - h. Click on *Create Account & Continue*
4. **Page I – Part A**
 - a. What semester will you begin taking classes: *choose Fall of the current year*
 - b. Reason for attending university: *two year degree*
 - c. I plan to take courses primarily through:
 - i. Pick Eastfield College
 - ii. Your college registration is through Eastfield even though you attend classes at Lakeview Centennial.
 - d. Your social security number: If you have an social security please click on: The following is my social security #: add your social security # OR if you do not have one or do not know it please click on: I do not have a Social Security #
 - e. Date of birth
 - f. Address, City, State & Zip code
 - g. Please choose a county: *Dallas County*
 - h. How long have you lived at this address: Choose the number of years and months
 - i. Permanent Mailing address: Do not fill out, leave it blank
 - j. Place of Birth: *City, State DO NOT CLICK on the Country List. The default is USA.*
 - k. How do you identify yourself: *Ethnicity, Race & Gender*
 - l. What is your primary language: *choose a language*
 - m. Are you a U.S. Citizen: *Yes or No.* If you answered yes, scroll down to Military-Veteran Status. If you said no, fill out the questions below
 - n. Military-Veteran Status: *"None of the above"*
 - o. Emergency Contact: *Name of person in case of an emergency & contact #*
 - p. Click on: *Save & Continue*
5. **Page II – Part A (cont.)**
 - a. Which of the following best describes your High School Education: *I am or will be a High School Graduate*
 - b. What year did you or will graduate from High School: *Enter the year of graduation*
 - c. Which best describes your High School or International Equivalent: Click on *Texas high school.* Select from All Texas High Schools & scroll down to *choose Lakeview Centennial High School (very important that you pick the correct school)*
 - d. Did you take a Career Pathways course for college credit: *No*
 - e. Did or will you graduate with an IB diploma: *No*
 - f. Previous College Work: Click on *I have no previous college experience*
 - g. Scroll all the way down to the bottom of the page and then click on *I have not taken any of the test listed above and I am not claiming an exemption.* Please click on *"I have not taken any test"* even though you might have exemptions scores. We have to verify first.
 - h. Click on *Save & Continue*
6. **Page III - Part B**
 - a. During the 12 months prior to the term for with you are applying, did you attend a public college/university in Texas: *No and skip to Part C.*
7. **Part C**
 - a. Are you a Texas resident: *Yes*
8. **Part D**
 - a. Did you live in Texas or will you have lived in Texas the 3 consecutive months leading up to high school graduation or completion of the GED: *Yes*
 - b. When you begin the semester for which you are applying, will you have lived in Texas for the previous 12 consecutive months: *Yes*



9. Part E

- a. Do you file your own federal income tax as an independent taxpayer: *No*
- b. Are you claimed as a dependent or are you eligible to be claimed as a dependent by parent: *Yes*
- c. If you answered “No” to both questions above, who provides the majority support: *Parent or Guardian*
- d. Click on *Save & Continue*

10. Page IV – Part F

- a. Skip part F & G – scroll all the way to the bottom
- b. Click on *Save & Continue*

11. Page V Part H

- a. Skip part H

12. Part V Part I – Certification of Information

- a. Click on the box towards the end of the page “*By checking this box, I am attaching my electronic signature*”
- b. Click on *Save & Continue*

13. Review Application

- a. Review all the information you typed in or clicked on and make sure everything is correct. Make changes if needed.
- b. If everything is good then click on *Save & Continue*

14. Submit Application

- a. Click on “*Submit My Application*”

15. Application for Admission Results

- a. You will get a Letter of Acceptance. *WRITE down or TAKE A PICTURE of your ID number & print out the acceptance letter. It should get a 7-digit # as your Eastfield ID#. If it is pending it will require special processing. You MUST have a printout for the application to be processed. You can email your results to ttcreekm@garlandisd.net if it needs to be processed. She will forward to Eastfield for processing and let you know when an ID number has been assigned*

16. Towards the bottom of the acceptance letter click on *Set up My eConnect Account*

e-Connect

1. Towards the bottom of the page of the acceptance letter click on “*Set up My eConnect Account*”
 - a. Enter your Last Name, Birth Date, Email Address, and Student ID Number. Email address must be the same one you enter on the application and ID# is the number given to you when you completed the application.
 - b. Click Submit
2. Create Password – – **NOTE. This password has to change every 60-90 days. Add a number that can easily be changed.**
 - a. Create a password & confirmed password. Make sure to include 8 characters with a number. (Ex. **Louise01**)
 - b. Password hint: enter a password hint in case you forget your password. Make it VERY DETAILED!!! (Ex. **Middlename01**)
 - c. Challenge Question: Choose a question and enter an answer for security
 - d. Case sensitive: Do NOT Click on the box Enable Enhanced Security
 - e. Click Submit
3. Confirmation
 - f. You should get a confirmation page saying congratulations you have created an account
 - g. **Do not log in!!!!**

Pre-Assessment Activity

1. Go to www.econnect.dcccd.edu
2. Click the Current Credit Student Menu
3. Under “*prepare to register*” click on the link “*pre-assessment video*”.
4. Video Links: Click on Eastfield College and Watch the video.
5. Once you completed watching the video click on “*continue to assessment*” below the video.
6. You will be prompted to login to your Student eConnect Account
7. Click the box next to the information that indicates “I certify that I have watched the Pre-Assessment Video” and click submit
8. Complete the quiz (Make sure you write down your answers in case the computer times-out and you have to start over)
9. Once you complete the quiz you will get a confirmation list that shows you the correct & incorrect answers
10. Print your results and Click *Log Out* when you are finished



**Consent to Emergency Treatment
Dallas County Community College District (“DCCCD”)
Under Age 18**

_____ **Dual Credit**
Printed Name (Last, First, Middle) **Date of Birth** Program

DCCCD on behalf of **Eastfield College** is an educational institution in which _____ *(Print student name)*, a student, is enrolled and the College has received written authorization to consent to emergency medical treatment from a person having the right of consent as follows:

I, _____ *(Print parent name)*, the _____ *(relationship to student)* grant the College permission to authorize emergency medical treatment for the above named student. This authorization is effective until the student’s 18th birthday, which is _____ *[month & year]*. The undersigned is responsible for all medical costs associated with this authorization.

Signature of Parent or Legal Guardian

Date

Work No. **Home No.**

Cell Phone

In the event that parent or legal guardian cannot be reached, please contact:

Emergency Contact #1:

Name **Relationship** **Work/Home No.**

Emergency Contact #2:

Name **Relationship** **Work/Home No.**

Voluntary Health Information

Allergies: _____

Current Medications & Dosages: _____

List health problems you believe the college should be aware of in case of emergency:

**FERPA Release and Registration by Proxy Form for Dual Credit**
The Family Educational Rights and Privacy Act_____
Last Name**First Name****MI**_____
DCCCD ID No._____
Mailing Address**Street No. or P.O. Box****City, State & Zip**_____
Phone_____
Email

Dual Credit students enrolled in college classes are protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. In order to comply with federal laws dealing with the confidentiality of official student records (FERPA), the student must sign a written release authorizing registration by a proxy and/or authorizing the release of the student's educational information to the proxy. If the student wishes to be registered by the parent(s) or allow parent(s) to have access to certain educational records this form must be completed, signed and submitted to DCCCD. The student has the ultimate responsibility to make sure the registered courses are correct. The student may cancel the release at any time by submitting another FERPA form. The release is valid until the date of the student's High School Graduation as confirmed on the final official high school transcript or when an updated form is received by DCCCD. **Anticipated High School Graduation Date: June** (Month/Year)

AUTHORIZATION TO RELEASE EDUCATION INFORMATION AND/OR REGISTRATION BY PROXY

Admission – Includes application and documents received for admission status, documents pending, and conditions of admission, correction of address and telephone numbers and signing documents on my behalf

Registration – Includes current enrollment, dates of enrollment, enrollment status, residency status, semester attending and mailing address information

Academic Records – Includes grades received, GPA, and academic progress

Registration by Proxy – Includes course selection, obtaining copy of advising report, adding and dropping courses, and paying tuition if necessary

Please Print Clearly (P=Parent, G=Guardian, O=Other)

Release to _____ Relationship (Circle one): P G O Cancel: _____
Name - Proxy #1 (This is your parent or guardian) **Date of Cancellation**

Release to _____ Relationship (Circle one): P G O Cancel: _____
Name - Proxy #2 **Date of Cancellation**

I hereby grant DCCCD permission for the release of my educational information selected above and/or permission for the individual(s) designated above to serve as the authorized proxy for the selected services above.

Student's Signature**Date**_____
Signature of Proxy #1 (Name listed above)**Date**_____
Signature of Proxy #2**Date**

NOTE: STATE ISSUED IDENTIFICATION CARD WITH PICTURE IS REQUIRED FOR BOTH THE STUDENT AND THE PROXY WITH THIS FORM: Official state driver's license is preferred. Students may submit a high school identification card, but will be required to sign and print legal name on photo copy.

Office Use Only:**Picture ID Verified by:****Date:**



Brookhaven College
registrar-bhc@dcccd.edu
phone: 972-860-4883
fax: 972-860-4886

Cedar Valley College
registrar-cvc@dcccd.edu
phone: 972-860-8201
fax: 972-860-8001

Eastfield College
registrar-efc@dcccd.edu
phone: 972-860-7167
fax: 972-860-8306

El Centro College
registrar-ecr@dcccd.edu
phone: 214-860-2311
fax: 214-860-2233

Mountain View College
registrar-mvc@dcccd.edu
phone: 214-860-8600
fax: 972-698-3074

North Lake College
registrar-nlc@dcccd.edu
phone: 972-273-3183
fax: 972-273-3112

Richland College
registrar-rlc@dcccd.edu
phone: 972-238-6100
fax: 972-238-6346

Distance Learning students contact: Dallas Colleges Online, registrar-dtc@dcccd.edu phone: 972-669-6414, fax: 972-682-7071

Proof of Bacterial Meningitis Immunization Compliance

Until December 31, 2013, The Age Requirement For New and Returning Students is under the Age of 30**

Student Name:		DCCCD ID#:	
Address:		Date of Birth:	
Email Address:		Telephone:	

** Effective January 1, 2014, the age for an exemption from the vaccine requirement will change from 30 to 22.

Please read and place an "X" in the correct box: sign, date, and submit to your College Admissions Office.

- I am claiming a Bacterial Meningitis Vaccine exemption due to health reasons (see section B below). I am declaring an exemption from the Texas immunization requirement for bacterial meningitis for reasons of conscience, and have attached the appropriate notarized affidavit form. Texas Department of State Health Services (DSHS) affidavit can be found at <https://webds.dshs.state.tx.us/immco/default.aspx>
- I have received the Bacterial Meningitis Vaccine within the last 5 years and I have attached an **official** vaccination record.
- My Physician or health care professional has documented my meningococcal vaccine in section A below.

Physician or Other Health Care Provider Must Complete A or B

A. Vaccination Date: _____ Vaccine Type: MCV-4 <input type="checkbox"/> MPSV-4 <input type="checkbox"/> As recommended by the CDC	
<p>PLEASE DO NOT SIGN THE COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS.</p> <p>_____ (Signature of Physician or Other Health Care Provider) _____ Date</p>	<p>Please use stamp or print name, office address, phone number and the state where licensed and license number.</p>
<p>B. BACTERIAL MENINGITIS MEDICAL EXEMPTION I CERTIFY, THAT IN MY OPINION, THE BACTERIAL MENINGITIS VACCINATION REQUIRED WOULD BE INJURIOUS TO THE HEALTH AND WELL-BEING OF THE STUDENT AND SHOULD NOT BE ADMINISTERED AT THIS TIME.</p> <p>_____ (Signature of Physician or Other Health Care Provider) _____ Date</p>	

- ✓ I understand that I will not be allowed to register for courses in any of the colleges of the DCCCD without the proper meningitis vaccination documentation as indicated above.
- ✓ I understand that proof of the vaccination must include the physician or health care professional's signature, the date the vaccination was administered, the medical facility's stamp and seal, and contact information.
- ✓ I certify that, to the best of my knowledge, the above information (including attachments) is true and correct. I also give my consent for the above immunization record to be entered into my student record.

Student's Signature - REQUIRED	Date
MINORS: Signature of Parent or Legal Guardian Required if student is under 18 Years of Age	Date
Printed Name of Parent or Legal Guardian	Relationship to Student



DUAL CREDIT ACKNOWLEDGEMENT FORM

Student Name: _____

GISD ID#: _____

The Garland Independent School District (GISD) and Dallas County Community College District (DCCCD) partner to offer dual credit courses for all qualifying GISD students. Dual credit classes are college-level courses and great consideration should be taken when selecting appropriate classes. Please initial by each item listed below.

_____ I understand I must pass the required Texas Success Initiative Assessment by the designated timelines to participate in the program.

_____ I understand I am limited to only two dual credit classes per semester unless I demonstrate outstanding academic performance. If I am approved to take more than two dual credit courses, I must maintain a DCCCD GPA of 2.5 or higher to continue taking more than two dual credit classes per semester.

_____ I understand that my grades in dual credit classes are transcribed onto my official high school and college transcripts.

_____ I understand that if I receive a final semester grade of W, D, or F in any dual credit course, I may not be eligible for dual credit classes the following semester.

_____ I understand that if I drop a course after the DCCCD add/drop date, I will receive a failing grade in the course. I must submit the required withdrawal form to my assigned DCCCD college's Dual Credit Coordinator by the published DCCCD deadline to receive a W on the college transcript.

_____ I understand that I must maintain a 2.0 GPA at DCCCD and maintain a completion rate of 70% to be eligible to remain in the dual credit program. Students who withdrawal from dual credit courses or earn grades of D or F on a college transcript may not be eligible for future financial aid or may have limited financial aid options beyond high school.

_____ I understand that taking excessive dual credit hours (30 extra hours beyond what is required on my undergraduate degree plan) may cause me to lose Federal Financial Aid eligibility and/or cause a tuition price increase at Texas public institutions of higher education.

_____ I understand it is my responsibility as a DCCCD student to utilize the eConnect and eCampus websites to check my schedules, GPA, grades, advising report, and announcements from the colleges.

_____ I understand that Academic Dishonesty may result in consequences from both my GISD high school and DCCCD. DCCCD may suspend my dual credit eligibility and any appeals must go through the DCCCD college campus process.

_____ I will be limited to 15 hours per semester.

_____ Appeals for DCCCD grades, drop policy, or other DCCCD actions must go through the DCCCD appeals process as stipulated by the assigned DCCCD college campus.

_____ As a dual credit student, I am a both a GISD and DCCCD student, thus I am entitled to all the resources at my assigned DCCCD college campus – college library, student services, free tutoring, etc.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Year of Graduation: _____



HIGH SCHOOL STUDENT ENROLLMENT FORM

PLEASE USE ONLY BLUE OR BLACK INK

This certifies that _____, DCCCD# _____ is or will be enrolled as a student at Lakeview Centennial and has permission to concurrently enroll with Brookhaven, Cedar Valley, Eastfield, El Centro, Mountain View, North Lake, and/or Richland for the purpose of taking dual credit or concurrent courses.

List your College Course Names and complete the checklist for each course to be taken, pending approval , in the appropriate semester. <i>College Course Name(s)</i>	Fall 2018	Spring 2019	10 week Summer 2018	5 Week SS I 2018	5 Week SS II 2018	Flex Term M W F	Dual Credit (College & HS Credit)	Concurrent (College Credit Only)
1.								
2.								
3.								
4.								
5.								
6.								

I understand I will be enrolling in a college credit course(s) at one or more of the colleges and will be receiving a letter grade that will be recorded on my permanent college transcript. A numerical grade will appear on the high school transcript for dual credit courses; conversion of grades is the responsibility of the respective high school. It is the student's responsibility to verify the transferability of courses with the institution of choice.

Eligibility for continued participation in this program requires satisfactory academic performance at the high school; earned grades of A, B or C in all college courses; and parental and school approval for each subsequent semester of enrollment. A student who earns grades of D or F may not be eligible for future dual credit courses or may have restrictions. Also, students are not eligible for state or federal financial aid while enrolled in high school. However, because they are recorded on the college transcript, grades earned for dual credit/concurrent courses can impact a student's future financial aid.

I understand that if I wish to withdraw from my college course(s), it is my responsibility to first discuss this matter with my high school counselor. Also, it is my responsibility to submit the required withdrawal form to the College Dual Credit/Concurrent Enrollment Coordinator or College Registrar by the published deadline.

A non-immigrant visa student is responsible for maintaining his/her own visa status. I understand it is my responsibility to verify my status and my ability to take college courses through dual credit enrollment.

I understand that I **MUST** be enrolled as a full-time student at my high school.

I understand that **ACADEMIC FREEDOM** is practiced at all of the colleges of the Dallas County Community College District. Academic Freedom allows faculty and students to pursue whatever inquiry they feel is important and to speak about it in the classroom without fear of censorship. I understand that within a college environment, students may encounter adult language and images, different philosophical viewpoints and belief systems. I understand that appropriate and essential discipline-specific terminology, concepts and principles are utilized as needed in the classroom setting. All high school students are held accountable to policies, rules, and regulations of the colleges of the Dallas County Community College District. For more information see www.dcccd.edu

I authorize the college to release my transcript to the above named high school related to my college enrollment.

Student Signature _____ Date _____

Shirley Crankmore

Signature of High School Official

Parent/Guardian Signature _____ Date _____

Magnet Advisor _____
Title _____ Date _____

Signature of College Official _____ Date _____

GISD#: _____



DCCCD ID # _____



GARLAND INDEPENDENT SCHOOL DISTRICT

Student Record Release Authorization Form

Student _____ DOB _____ Grade _____ ID# _____
Last First Middle Initial

High School:

Garland High School 310 S. Garland Road Garland, Texas 75040	Lakeview Centennial High School 3503 Hayman Drive Garland, Texas 75043	Memorial Pathway Academy 2825 S. First Street Garland, Texas 75040	Naaman Forest High School 4843 Naaman Forest Blvd. Garland, Texas 75043
North Garland High School 2109 Buckingham Road Garland, Texas 75040	Rowlett High School 4700 Kirby Road Rowlett, Texas 75088	Sachse High School 3901 Miles Road Sachse, Texas 75048	South Garland High 600 Colonels Garland, Texas 75043

Information listed below will be released to the listed person(s)/agencies.

Achievement Test Score*	Grades*	Social Security Number*
Attendance Information*	Graduation Program Type*	Special Education Information
Birth Date*	Home Address*	TAKS/STAAR EOC Test Scores
Grade Point Average/Ranking*	SAT/ACT/PSAT Scores*	Other _____
Other _____	Other _____	

*Information automatically included on the transcript

The information listed above may be released on the named student to:

College/ Universities
 Military Recruiters
 Scholarship Donors
 Employer
 Student
 Parent(s)
 GISD Personnel (as appropriate)
 Other _____

Do not send information to:

Information may be release by:

- Hard copy by US Postal mail
- TRex
- Electronic Common Application Process
- Naviance

Other, specify _____

Signature of Parent/Guardian

Date

Signature of Student (18 years or older)

Date

This release is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974.