



## Dual Credit Admissions Packet for DCCA Students

Complete the **ONLINE Dual Credit Admissions Application here:**

[www1.dcccd.edu/stuapp](http://www1.dcccd.edu/stuapp)

- Application for Admission Results page**
  - ✓ Upon submission, you will immediately receive a pop-up message with your DCCCD Student ID number; **or** your message may say, Pending or Possible Duplicate Record Found
  - ✓ Email your Dual Credit advisor with your Name, High School, Birthdate and App Nbr for the Pending or Duplicate Record message.
- High School Student Enrollment Form - REQUIRED**
  - ✓ Choose dual credit course selections with your DCCA Home School Official
  - ✓ Signed by Student, Parent, & DCCA Home School Official
- MOU & Emergency Treatment Information**
  - ✓ Signed by parent and student
  - ✓ Signed by home school official
- FERPA Release/Registration by Proxy Form**
  - ✓ Form **must** be completed to release information to parent(s) regarding the admissions and registration process
- Current Home School Transcript**
  - ✓ Turn in home school transcript at the end of 9<sup>th</sup> grade for high school freshmen
  - ✓ Turn in home school transcript at the end of first semester if new to home school
  - ✓ Turn in the most recent high school transcript from previous high school/home school
- College Placement Scores or Complete Pre-Assessment Activity**
  - ✓ Submit copies of qualifying test scores for TSI Exemption: Pre-SAT, SAT, ACT, or STAAR EOC Level II
  - ✓ If you are not TSI exempt, complete the Steps for the Pre-Assessment Activity (included)
- Bacterial Meningitis Vaccination**
  - ✓ Proof of vaccination is **due no later than 10 days before the 1st day of class** for courses taken on any DCCCD campus.
  - ✓ Some exemptions from the State of Texas Immunization requirement may apply.

### SUMMER & FALL 2019

LAST DAY TO REGISTER FOR SUMMER II – JULY 5TH

LAST DAY TO REGISTER FOR FALL 2019 – AUGUST 16TH

Students must meet the Dual Credit eligibility requirements as outlined by the Texas Higher Education Coordinating Board and the DCCCD Dual Credit guidelines to participate in the Dual Credit program. If a student needs to take the TSI assessment, they can do so at a DCCCD Testing Center **after** the completed application packet and Pre-Assessment Activity has been verified by the Dual Credit Advisor.

STATE OF TEXAS

§

COUNTY OF DALLAS

§

§

**AFFIDAVIT OF IDENTITY**

**PERTAINING TO:** \_\_\_\_\_  
(Student Name, ID)

I, \_\_\_\_\_, as legally authorized representative of  
(Affiant)  
\_\_\_\_\_, being of lawful age and being first duly sworn, depose and  
(Name of Student)

state as follows:

1. That I \_\_\_\_\_ understand that Dallas County Community College  
(Affiant)

District (the "District") policy requires all students and employees to obtain District-issued photo identification; and that another form of photo identification is required to obtain such District-issued photo identification;

2. That \_\_\_\_\_ does not possess such photo identification and is,  
(Name of Student)  
therefore, requesting that \_\_\_\_\_'s identify be established and verified  
(Name of Student)  
by this affidavit;

3. That the purpose of this Affidavit is to establish and verify that the identify of  
\_\_\_\_\_ is the same as the person who is requesting Dallas  
(Name of Student)  
County Community College District photo identification, in accordance with the person's status as a student of the District;

4. That \_\_\_\_\_ is one and the same person as named in this affidavit;  
(Name of Student)

5. That \_\_\_\_\_ did present the following identifying document(s)  
(Name of Student)  
along with this affidavit: **birth certificate or a document/card issued by a federal or state governmental agency**, as proof of \_\_\_\_\_'s identity'  
(Name of Student)

\_\_\_\_\_  
(Signature of Affiant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

(Notary Seal)

**My commission expires:** \_\_\_\_\_ day of \_\_\_\_\_

## Steps for Completing the Dual Credit Online Application for Admission

Go to: <https://www1.dcccd.edu/stuapp/>

Select **"Begin the Dual Credit Application"**

Create an Account:

Fill in the User Information

- First, Middle, Last Name
- Home Phone
- Work Phone
- Cell Phone
- Email address – **THIS SHOULD BE THE STUDENT'S ADDRESS NOT THE PARENT'S ADDRESS**
- Confirm Email Address

PLEASE CHOOSE THE FOLLOWING:

- **I CURRENTLY LIVE IN TEXAS**

PLEASE INDICATE ON WHAT BASIS YOU ARE SEEKING ADMISSION:

- **DUAL CREDIT/CONCURRENT**

Create a Username

Create a Password

Select **"CREATE ACCOUNT AND CONTINUE"**

### ADMISSIONS APPLICATION – PAGE I

What semester will you begin taking classes:

- CHOOSE THE APPROPRIATE SEMESTER /YEAR IN DROP DOWN MENU

Reason for Attending:

- **TWO YEAR DEGREE**

I plan to take course primarily through:

- **RICHLAND COLLEGE**

Part A: Biographical Information

- Enter Social Security Number or Select "I do not have a Social Security or tax identification number"
- Enter your Date of Birth

Current Street Address:

- Current Street Address, City, Zip Code, County
- Enter length of time you have lived at that address
- Enter Mailing Address if it is different from your Street Address

Place of Birth:

- Enter the city where you were born, State, Country (if outside of the United States)

How do you identify yourself:

- Select the appropriate Ethnicity, Gender, Race, and primary language

Citizenship:

- Are you a U.S. Citizen? Select YES or NO
- If NO – select country of citizenship
- Enter Permanent Residence Status information, date, and Alien Number

Military-Veteran Status:

- Select the appropriate response for your family or self

Emergency Contact:

- Enter the name and a phone number that can be used in case of an emergency.

**SELECT SAVE AND CONTINUE**

### ADMISSIONS APPLICATION – PAGE II

High School or Equivalent:

- **SELECT – "I AM OR WILL BE A HIGH SCHOOL GRADUATE"**
- Enter the year you plan to graduate from high school

Which best describes your High School or Equivalent:

- Select the appropriate option
- **For home-schooled students – SELECT "HOME SCHOOL – TEXAS"**

Please answer the following:

- Did you take a Career Pathway course or courses for college credit? YES or NO
- Did or will you graduate with an IB diploma? YES or NO

Previous College Work:

- Which of the following best describes you? I HAVE NO PREVIOUS COLLEGE EXPERIENCE
- Skip down to Texas Success Initiative questions

Texas Success Initiative (TSI)

- Select any of the listed exams you have taken or
- Select "I HAVE NOT TAKEN ANY OF THE TESTS LISTED ABOVE..."

**SELECT SAVE AND CONTINUE**

**ADMISSIONS APPLICATION – PAGE III**

Previous Enrollment:

- During the 12 months prior to the term which you are applying, did you attend a public college or university in Texas? ANSWER YES or NO

If NO – skip down to Residency Claim section

If YES – Select the appropriate answers for questions 2 – 5

Residency Claim:

- Are you a resident of Texas? SELECT YES or NO
- If NO – Select appropriate information

Acquisition of High School Diploma or GED:

- Did you live or will you have lived in Texas the 36 consecutive months leading up to high school graduation....? SELECT YES or NO
- When you begin the semester for which you are applying, will you have lived in Texas for 12 consecutive months? SELECT YES or NO

Basis of Claim to Residency:

- Do you file your own Federal Income Tax? SELECT – NO
- Are you claimed as a dependent by a parent or legal guardian? SELECT – YES
- SKIP QUESTION 3

**SELECT SAVE AND CONTINUE**

**ADMISSIONS APPLICATION – PAGE IV**

YOU WILL SKIP THIS PAGE – SCROLL DOWN TO THE BOTTOM OF THE PAGE

**SELECT SAVE AND CONTINUE**

**ADMISSIONS APPLICATION – PAGE V**

Part H: General Comments – SKIP TO NEXT QUESTION/PART

Meningitis Section:

- Read the information regarding Meningitis Vaccination Requirements

Certification of Information:

- Scroll down to find this statement:

\*  By checking this box, I am attaching my electronic signature verifying that I will comply with the Residency Oath above. I will submit all official transcripts from all U.S. accredited institutions previously attended.

**PLACE A CHECK MARK INTO THE BOX**

**SELECT SAVE AND CONTINUE**

**ADMISSIONS APPLICATION – REVIEW APPLICATION**

- Proof read all of the submitted information
- Edit/correct anything that is incorrect on any page or section

**SELECT SAVE AND CONTINUE**

**SELECT "SUBMIT MY APPLICATION"**

Application for Admission Results:

- Letter of Acceptance – scroll down to see DCCCD Student ID Number
- Pending Application – follow the instructions for contacting the college registrar for help in completing the Application for Admission requirements.

## Texas Success Initiative: **Eligibility Scores for Dual Credit**

**The Texas Higher Education Board rules are subject to change with new changes taking precedence.**

The Texas Success Initiative is a state mandated program designed to help colleges and universities determine students' preparedness for college-level coursework in the general areas of reading, writing and mathematics. All incoming college students in Texas are required to take the TSI Assessment unless they qualify for a TSI exemption. A Dual Credit Advisor will use the results of the college placement scores to determine your readiness for college level enrollment through the Dual Credit program.

### **You are TSI exempt if:**

**1. PRE-SAT taken AFTER October 2015:**

460 on 'Evidenced-Based Reading and Writing' gives TSI reading and writing exemptions.  
510 on 'Mathematics' gives TSI math exemption.

**2. SAT taken on or after March 1, 2016:**

For new SAT starting March 2016, no composite is required.

480 on 'Evidenced-Based Reading and Writing' gives TSI reading and writing exemptions.  
530 on 'Mathematics' gives TSI math exemption.

**3. ACT:** Composite score of 23 with a minimum of 19 on the English test and/or the mathematics tests shall be exempt for both the reading and writing sections of the TSI Assessment, and/or 19 on the mathematics tests shall be exempt for the mathematics section of the TSI Assessment.

**4. STAAR (EOC):** For the Dual Credit program, a student who is tested and performs on the tenth grade exit-level STAAR end-of-course (EOC) with a 4000 minimum score (**on the combined reading and writing test**) of Level 2 on the English II STAAR EOC shall be exempt from the TSI assessment required for reading and writing. By achieving a Level 2 final recommended score of 4000 or higher on the Algebra I STAAR EOC **and** passing grade with a C or better in the Algebra II course; or By achieving a Level 2 final recommended score of 4000 or higher on the Algebra II STAAR EOC shall be exempt from the TSI assessment required for math.

**5. Enroll in a Level-One certificate program**

### **If you are not exempt or waived from taking the TSI Assessment:**

- You may be asked to take three TSI-A Exams depending on the course/courses being requested for Dual Credit.
- TSI-A offers college readiness exams in Reading, Writing, and Math. These exams can be taken at the same time or individually during different testing sessions.
- Completion of Richland's Pre-Assessment Activity is required before students may receive a Test Referral form from the Dual Credit advisor.

### **Study Tips:**

Take advantage of free sample questions provided by College Board to improve in areas where your academic performance is not the strongest. These sample questions help you familiarize yourself with the types of questions asked on the TSI Assessment. To access the full TSI sample questions document, visit [www.collegeboard.org/texas-sample-questions](http://www.collegeboard.org/texas-sample-questions) and review the sample TSI WritePlacer essays and TSI Test Content at <http://accuplacer.collegeboard.org/students/prepare-for-accuplacer>.



**Student's Name:**

## **Steps for Pre-Assessment Activity (PAA)**

- ✓ Go to this web site: [www.richlandcollege.edu](http://www.richlandcollege.edu)
- ✓ Click on the **Online Tools** drop down menu (found at the top of the screen) click on eConnect
- ✓ Click on Current Credit Student Menu

Note: You may view the Pre-Assessment Video **without logging in to eConnect**

- 1) Find the Prepare to Register heading (first column on the left) and select Pre-Assessment Video (last link on the list).
- 2) Select "Richland College" Video Link
- 3) Watch a 17 minute video
- 4) Select the Continue to Assessment link when you are finished watching the video. The link is directly under the video screen.
- 5) **You will have to login to eConnect for this next part.**

If you have not yet set up your eConnect account, please click on the link Set Up My eConnect Account, found on the upper right corner of your screen, and follow the instructions to set up your eConnect account.

You will need the following information:

- **Richland College ID Number:**
- **Email address on file at RLC:**

- 6) Once you are logged in:
  - select Current Credit Students Menu from the from the eConnect Main Menu
  - find the Prepare to Register heading (first column on the left)
  - select Pre-Assessment Quiz (at the bottom of the list)
- 7) Click the box next to the sentence that reads, **"I certify that I have watched the Pre-Assessment Video."** **Click Submit**
- 8) Complete the short Quiz (practice test). Review your results so you'll know what to study before you take the actual TSI exam. **Click Submit**
- 9) Please send an email to [Lgraef@dcccd.edu](mailto:Lgraef@dcccd.edu) to let me know once your PAA is completed.

### **Additional TSI-A Prep Resources:**

<https://accuplacer.collegeboard.org/students/prepare-for-accuplacer>

[www.collegeboard.org/texas-sample-questions](http://www.collegeboard.org/texas-sample-questions)

If you have questions or need help with completing your PAA, email Lisa Graef at [Lgraef@dcccd.edu](mailto:Lgraef@dcccd.edu)

**Brookhaven Cedar Valley Eastfield El Centro Mountain View North Lake Richland  
Colleges of the Dallas County Community College District**

**HIGH SCHOOL STUDENT ENROLLMENT FORM**

*PLEASE USE ONLY BLUE OR BLACK INK*



This certifies that \_\_\_\_\_, DCCCD ID \_\_\_\_\_, is or will be enrolled as a student at \_\_\_\_\_ DCCA \_\_\_\_\_ High School 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, <b>pending approval</b> , in the appropriate semester. <i>College Course Name(s)</i>	Fall 2019	Spring 2020	5 Week SS I 2019	5 Week SS II 2019	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](http://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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of High School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of College Official

\_\_\_\_\_  
Date

**DUALCREDIT– Plan of Study**

Student's Name: , DCCCD ID

Fall		through	Spring		Expected Degree:		Expected Grad Date:	
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9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade	12 <sup>th</sup> Grade
<b>FALL IDEAS:</b>	<b>FALL IDEAS:</b>	<b>FALL IDEAS:</b>	<b>FALL IDEAS:</b>
EDUC 1300	HIST 1301	ENGL 1301	ENGL LIT
MATH if ready	MATH if ready	MATH	GOVT 2305
FOREIGN LANG.	FOREIGN LANG.	LAB SCIENCE	MATH
ANY CTE COURSE	ANY CTE COURSE	FINE ARTS	LAB SCIENCE
	SPCH 1311	ELECTIVE	ELECTIVE
	LAB SCIENCE		
<b>SPRING IDEAS:</b>	<b>SPRING IDEAS:</b>	<b>SPRING IDEAS:</b>	<b>SPRING IDEAS:</b>
PHED 1304	HIST 1302	ENGL 1302	ENGL LIT or higher
MATH if ready	MATH if ready	MATH	GOVT 2306
FOREIGN LANG.	FOREIGN LANG.	LAB SCIENCE	MATH
ANY CTE COURSE	ANY CTE COURSE	ELECTIVE	LAB SCIENCE
	PHED 1164	ELECTIVE	ELECTIVE
	LAB SCIENCE		

**CORE CURRICULUM:**

**COMPLETE BOTH:**

ENGL 1301 – COMP I  
ENGL 1302 – COMP II

**CHOOSE AT LEAST ONE:**

MATH 1314 – COLLEGE ALGEBRA  
MATH 1324 – BUSINESS & ECON MATH  
MATH 1332 – CONTEMPORARY MATH  
MATH 1342 – STATISTICS

**CHOOSE AT LEAST TWO:**

ANTH 2401  
BIOL 1406, 1407, 1408, 1409 or higher level  
CHEM 1405, 1406, 1411, 1412 or higher level  
ENVR 1401, 1402  
GEOL 1401, 1402, 1403, 1404, 1445, 1447  
PHYS 1401, 1402, 1403, 1404, 1405, 1407 or higher level

**CHOOSE AT LEAST ONE:**

ENGL 2321, 2322, 2323, 2326, 2327, 2332, 2333 or higher level  
HUMA 1302  
PHIL 1301, 1304, 2306 or higher  
Foreign Language (2311 and higher)

**CHOOSE AT LEAST ONE:**

ARTS 1301, 1303, 1304  
DANCE 2303  
DRAM 1310, 2361, 2366  
HUMA 1311, 1315  
MUSI 1306, 1308, 1309, 1310

**COMPLETE BOTH:**

HIST 1301 – US History Colonial to 1867  
HIST 1302 – US History 1867 to Present

**COMPLETE BOTH:**

GOVT 2305 – Federal Government  
GOVT 2306 – Texas State Government

**CHOOSE AT LEAST ONE:**

ANTH 2302, 2346, 2351  
BIOL 1322  
COMM 1307  
CRIJ 1301, 1307  
ECON 1301, 2301, 2302  
GEOG 1302, 1303  
GOVT 2304, 2311  
HIST 2321, 2322, 2327  
PHED 1304  
PSYC 2301, 2306, 2314, 2316  
SOC 1301, 1306, 2301, 2306, 2319  
TECA 1303, 1354

**CHOOSE ONE OF THESE OPTIONS:**

SPCH 1311, 1315, or 1321 + PHED 1164  
Any beginning Foreign Language (1411 or 1412)

An additional Six (6) Courses (18 credit hours) completes an associate degree.



Dual Credit and Concurrent Enrollment



The DCCCD Dual Credit Program is a joint program between the DCCCD, on behalf of its colleges (the “College”), and your high school (the “High School”). As a joint program, it is administratively necessary for certain information related to your participation in the program to be shared with your High school. The following authorizations are required for participation in the Dual Credit Program:

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COLLEGE--  BHC  CVC  EFC  ECC  MVC  NLC  RLC

STUDENT NAME *(please print)* \_\_\_\_\_

DCCCD ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Parent’s Name: \_\_\_\_\_

High School: \_\_\_\_\_

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*For each of the items below, Student and/or Parent/Guardian should demonstrate Student and Parent/Guardian’s understanding and agreement by circling the applicable answer, initialing each, and signing the acknowledgement at the end of this form. If you fail to complete any item in this form, the College will consider and may list the response as “NO.” A “NO” response to any of the items, may impact the ability of a student to participate in the Dual Credit Program.*

- A. **Student** is or will be enrolled as a student at High School and has permission to take dual credit or concurrent courses with College . Student must provide a signed high school enrollment form.  
**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**
- B. **Student** will be enrolling in a college credit course at one or more of the colleges of the DCCCD and will receive a letter grade upon completion of the course that will be recorded on Student’s permanent college transcript. A numerical grade will appear on Student’s High School transcript for dual credit courses; conversion of the

## Dual Credit and Concurrent Enrollment

grade is the responsibility of the respective High School. Student understands that it is Student's responsibility to verify the transferability of courses with the institution of choice.

**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**

- C. **Student/Parent** authorizes College to release to above named High School Student's academic records related to Student's participation in the Dual Credit Program.

**Does Student/Parent understand/agree? YES/NO --Initial**

- D. **Eligibility** for continued participation in this program requires satisfactory academic performance at the HS; a grade of C or better in all college courses; and parental and school approval for each subsequent semester of enrollment. A student who earns a grade of D or F may not be eligible for future dual credit courses or may have restrictions imposed. Students are not eligible for state or federal financial aid while enrolled in high school. However, grades earned for dual credit/concurrent courses can impact a student's future financial aid eligibility.

**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**

- E. If Student wishes to withdraw from a college course, it is Student's responsibility to first discuss the matter with Student's high school counselor. Also, it is Student's responsibility to submit the required withdrawal form to the College Dual Credit/Concurrent Enrollment Coordinator or College Registrar by the published deadline.

**Does Student/Parent understand/agree? YES/NO --Initial**

- F. If Student is a non-immigrant visa student, Student is responsible for maintaining his/her own visa status. Student is responsible for verifying Student's status and eligibility to take college courses through dual credit enrollment.

**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**

- G. Student must be enrolled as a full-time Student at his/her high school to participate in the Dual Credit Program.

**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**

- H. Upon enrollment in the Dual Credit Program, Student is a college Student and is therefore subject to and must comply with the DCCCD policies, procedures, rules, regulations, guidelines, and decisions as well as those of his/her high school.

**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**

- I. **Parent/Guardian of Student** grants the College permission to authorize emergency medical treatment for Student. The authorization is effective until Student's 18<sup>th</sup> birthday, which is \_\_\_\_\_. Parent/Guardian understands that Parent/Guardian is responsible for all medical costs associated with this authorization. If applicable, voluntary health information is attached.

**Does Parent/Guardian of Student understand/agree? YES --Initial**

- J. In order to register for courses, Student must provide DCCCD with proper meningitis vaccination documentation, which will be entered into Student's academic record. A High Schools that is unable to provide proof of vaccination on the high school transcript, will provide the student with College/High School approved meningitis form, which must include the signature of and contact information for the student's physician or health care provider, the date the vaccination was administered, and the stamp and seal of the administering medical facility.

- K. **Student and Parent/Guardian of Student** understand that they will designate on this form emergency contact information for the student. Parent/ Guardian designate the individual(s) below as designated emergency contact. In the event that parent or legal guardian cannot be reached, please contact:

**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**

Dual Credit and Concurrent Enrollment

**Emergency Contact #1:**

<b>Name</b>	<b>Relationship</b>	<b>Work/Home No.</b>
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**Emergency Contact #2:**

<b>Name</b>	<b>Relationship</b>	<b>Work/Home No.</b>
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**Voluntary Health Information:**

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Current Medications & Dosages:**

\_\_\_\_\_

\_\_\_\_\_

**Does Student/Parent/Guardian understand/agree? YES/NO --Initial**

By signature below, I acknowledge that I have read, understand, and shall comply with the above terms.

<b>Student Signature</b>	<b>Date</b>	<b>Grad Date</b>
_____	_____	_____

<b>Parent/Guardian Signature</b>	<b>Date</b>
_____	_____

The undersigned High School official hereby certifies that Student meets the requirements for enrollment in the Dual Credit program, is enrolled in an eligible high school and has on file at the High school or at the College verification of all required immunizations.

<b>High School Official Signature</b>	<b>Date</b>
_____	_____

**DCCCD Office Use Only:**

\_\_\_\_\_

<b>Date Received:</b>	<b>Received by:</b>
_____	_____

**Will Student Need to End Previous High School Transcript Date: Yes:                      No:**

**Name of Previous High School:** \_\_\_\_\_



# FERPA RELEASE/PROXY AUTHORIZATION – The Colleges of DCCCD

The **Family Educational Rights and Privacy Act of 1974**, commonly referred to as **FERPA**, provides that all non-directory record information pertaining to a student (currently or formerly enrolled) that is maintained by the College must be available for inspection, review, and amendment by the student. Release and/or disclosure to third parties requires written authorization from the student in most cases. The Colleges of the Dallas County Community College District require this authorization to be submitted by the student to the College, accompanied by the student's valid photo ID. In addition, the student must specify the person(s) to whom authorization is being given, the relationship of the person(s) to the student, designated documents if not all-access, and the duration of the authorization. Only natural persons may be named as parties to this authorization; corporate entities may not be listed as authorized parties. Authorization submitted to any of the DCCCD Colleges will be considered authorization for the Colleges of DCCCD: Brookhaven College, Cedar Valley College, El Centro College, Eastfield College, Mountain View College, North Lake College, and Richland College.

>>>THIS FORM WILL NOT BE ACCEPTED IF STUDENT PHOTO ID IS NOT PRESENTED AT THE TIME OF SUBMISSION<<<

**Dual Credit / ECHS students and parents will present ID when requesting information regarding student records.**

## STUDENT INFORMATION

Student Name (please print):

\_\_\_\_\_ **Last Name**

\_\_\_\_\_ **First Name**

\_\_\_\_\_ **Middle Initial**

Student DCCCD ID Number: \_\_\_\_\_

\_\_\_\_\_ **Optional \_ Student date of birth:**

(Do NOT list SSN. Copy of student s photo ID is required )

(if ID number is unknown)

**I hereby grant approval to any and all of the Colleges of the DCCCD for the release of my student record information to the person(s) named below.**

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

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

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

(Presumed one year if left blank)

**AUTHORIZED RECORD ACCESS (Check all that apply. If no selection is made below, access to "ALL" records will be presumed.)**

- ALL** – Includes all student record information on file and permits authorized person(s) to act as a proxy for the student
- OFFICIAL TRANSCRIPT(S)** – Permits authorized person(s) to order official transcripts of the Colleges of DCCCD to be sent to a third party individual, institution, company, or other organization
- DIPLOMA/CERTIFICATE** – Permits authorized person(s) to obtain any diploma(s) and/or certificate(s) earned by student
- ENROLLMENT VERIFICATION** – Permits authorized person(s) to verify student enrollment in any/all of the Colleges of DCCCD
- REGISTRATION** – Permits authorized person(s) to add or drop classes on behalf of student **OTHER** (Please specify) -
- \_\_\_\_\_

**AUTHORIZED PERSON(S)** (Please print clearly. List each authorized person and relationship to student: **P=Parent, G=Guardian, S=Spouse, O=Other**)

**\* Note: Authorized person(s) MUST present photo ID at time of transaction.**

		<b>P</b>	<b>G</b>	<b>S</b>	<b>O</b>
<input type="checkbox"/> Release to _____	Relationship to student (Mark only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Release to _____	Relationship to student (Mark only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Release to _____	Relationship to student (Mark only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Release to _____	Relationship to student (Mark only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Release to _____	Relationship to student (Mark only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## FOR OFFICE USE ONLY

**STUDENT PHOTO ID IS REQUIRED WITH FORM**

Verified by \_\_\_\_\_

Date \_\_\_\_\_

**COLLEGE RECEIVING SUBMITTED FORM**



**Bacterial Meningitis Vaccination Exemption Form  
(For New and Returning Students under the Age of 30)**

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

**Please read and place an “X” next to the exemption you are requesting, sign, date, and submit to your Campus Registrar.**

- I am claiming a Bacterial Meningitis Vaccine (MV) exemption due to health reasons. Attached is a signed affidavit or certificate from a United States licensed or registered physician, nurse practitioner or physician assistant that states the vaccination would be injurious to my health.
  
- I am claiming a Meningococcal Vaccine exemption due to reasons of conscience. A notarized Texas Department of State Health exemption **is attached**. I understand that this exemption expires after two years.
  - The link to the Conscientious Exemption form is <https://webds.dshs.state.tx.us/immco/affidavit.shtm>  
*Note: It may take up to 30 days to receive your Conscientious Exemption form in the mail.*
  - I understand that I will not be allowed to register for courses at DCCCD without a completed State of Texas certified Conscientious Exemption form on file with college Admissions Office.
  - I understand that I must submit the Conscientious Exemption form prior to registering for classes.

Student Signature:	Date:
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# DALLAS COUNTY COMMUNITY COLLEGES

Brookhaven College  
[registrar-bhc@dcccd.edu](mailto:registrar-bhc@dcccd.edu)  
phone: 972-860-4883  
fax: 972-860-4886

Dallas TeleCollege  
[registrar-dtc@dcccd.edu](mailto:registrar-dtc@dcccd.edu)  
phone: 972-669-6414  
fax: 972-682-7071

El Centro College  
[registrar-ecc@dcccd.edu](mailto:registrar-ecc@dcccd.edu)  
phone: 214-860-2311  
fax: 214-860-2233

North Lake College  
[registrar-nlc@dcccd.edu](mailto:registrar-nlc@dcccd.edu)  
phone: 972-273-3183  
fax: 972-273-3112

Cedar Valley College  
[registrar-cvc@dcccd.edu](mailto:registrar-cvc@dcccd.edu)  
phone: 972-860-8201  
fax: 972-860-8001

Eastfield College  
[registrar-efc@dcccd.edu](mailto:registrar-efc@dcccd.edu)  
phone: 972-860-7167  
fax: 972-860-8306

Mountain View College  
[registrar-mvc@dcccd.edu](mailto:registrar-mvc@dcccd.edu)  
phone: 214-860-8600  
fax: 972-698-3074

Richland College  
[registrar-rlc@dcccd.edu](mailto:registrar-rlc@dcccd.edu)  
phone: 972-238-6100  
fax: 972-238-6346

## 100% DISTANCE EDUCATION AFFIDAVIT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

STUDENT EMAIL ADDRESS: \_\_\_\_\_

The Dallas County Community College District requires that all new and returning students (those who have had a break in enrollment of one semester or more) under the age of 30 show proof that they have been vaccinated against bacterial meningitis.

By signing this document, you are stating that you have no intention of physically accessing a DCCCD campus or property, and that you will remain in online courses for the rest of the time you are enrolled.

You are also stating that if there are any changes that require you to go to a DCCCD campus or property, you will follow the requirements set by the state and submit proof of the bacterial meningitis vaccination (vaccination or booster shot needs to be within the last five years).

**My signature below indicates that I am agreeing to the following conditions:**

I am enrolled only in online courses with the Dallas County Community College District. I will not physically access a DCCCD campus or property. If there are any changes that require that I go to a DCCCD campus or property, I will follow the vaccination requirements and submit all documents to the Office of the Registrar. The date of the vaccination must be at least 10 days prior to the first day of class.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form. Fax or email to one of the colleges listed above. Phone numbers have been provided if you have any questions.**