## **Dual Enrollment funding**

# Student Information for completing the Dual Enrollment funding Application & for the Parent to complete the Participation Agreement

Sign in to your GAfutures account profile

Be sure your GAfutures Account Profile has your correct information (legal name, email address, home address, social security number and Date of Birth.

- The info will prepopulate in your Dual Enrollment funding application.
  - If you do not have a valid social security number, when creating a GAfutures account profile, you will be assigned a temporary ID.

**Select** *My Dual Enrollment Profile* - You will be routed to the application page; select the 2020-20201 application or apply now link.



My Dual Enrollment Profile will also allow the student to access their Dual Enrollment Dashboard to view the status of the application



The student must provide a parent/guardian's email address for the parent/guardian to electronically complete and sign the Dual Enrollment Participation Agreement for their student.

### **GSFC** Georgia Student Finance Commission

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resulting from withdrawal from a college will be returned to the Georgia Student Finance Commission. Further, Lauthorize the colleges(s) named below to forward a transcript of my grades to my high school.

An asterisk (\*) indicates a required field.

#### Student Demographics 🕑

First Name		MI	Last Name	SSN		DOB	
Test			Student		۲		۲
Home Address			ZIP	City	State		
2082 east			30084	tucker	GA	~	
Phone Number	Student's Email Address						
XXXXXXXXXXXXX	sonyag@gsfc.org						
Parent/Guardian Email Address *				Confirm Parent/Guardian Email Address *			
		e unum une a			ryour porcher gourdie		
High School Are you attending High School or Home Study? * ® High School O Home Study			The s for th	tudent sele	cts the schoo on. their grad	l year e level	
High School *				and t	he college(s	s) which they	would
Quitman County High School ( 11142	5)	•		like t	o attend wh	nile participat	ing in
plan to enroll in Dual Enrollment of	ourse(s) during the school	year May 2020	- April 202' 🗸 🔹 🥹	Dual	Enrollment		
Ouring the school year I selected, I v	vill be in the Select Grade	<b>∨</b> *g	rade. 🕑				
College Selection Select the college(s) or universities (	from the Dual Enrollment	participating col	eges in the list below				
		Page 210					

Student must read and check each Acknowledgment of the Student Participation Agreement, HOPE Grant Bridge and Certification items.

The parent/guardian will complete their portion after the student has submitted the application.

#### Participation Agreement

Student must complete acknowledgements before participating. After your acknowledgement is completed, your parent/guardian will be notified for parent/guardian acknowledgement. Review and check each box.

Student Acknowledgement *	Parent/Guardian Acknowledgment	
		The Student's Individual Graduation Plan has been updated to reflect the plan of study through the DE program.
		The eligible DE student must contact the high school counselor for approval before any course/schedule changes can be made during the semester/quarter. All DE courses and the course grade will become part of the student's high school permanent transcript.
		The student and parent/guardian acknowledges that should a participating DE student choose to withdraw from a college course, the high school will make its best attempt to place that student in a corresponding high school course or online credit opportunity to meet course completion and graduation requirements. If no corresponding course or credit recovery opportunity is possible, the local school system shall determine how the course will be recorded as a withdrawal or incomplete on the student's transcript. (Check with school officials for the local school system policy regarding withdrawal from DE classes).



You will receive an email confirmation with an application ID#. Provide your application ID# to your parent/guardian for your parent to confirm your participation in the Dual Enrollment program.

Your parent will receive an email at the email address you provided with a link to access the parent agreement **after** you have signed and submitted your application.

Your App	plication ID is DE4908500
An emai applicati Applicat	I has been sent to your parent/guardian's email address, as provided in you ion, with instructions for acknowledging your Dual Enrollment funding ion and participation.
•	Your parent/guardian will need to acknowledge your Dual Enrollment funding Application prior to your being able to enroll in Dual Enrollment courses.
•	Once your parent/guardian submits the acknowledgement, your High School and the College you plan to attend must approve the application.
•	If you have not submitted an admissions application to the college(s) you want to participate in Dual Enrollment, visit the website of those college(s apply.
After you progress signing ir	rr parent/guardian, acknowledges your application, you can monitor the of your application by selecting the My Dual Enrollment Profile link after n to GAfutures. If your parent does not have an email address, have them y
GAfuture	es.org/DEparent to complete the agreement.

Congratulations, you have successfully completed the funding application.

**Be advised:** You must complete an Admissions Application for the college(s) you would like to attend for approved Dual Enrollment courses.



### **Parent Agreement**

Prior to participating in Dual Enrollment, as part of the application process, the student's parent/guardian must complete the Student Participation Agreement (SPA).

Hope S	tudent has submitted an application to participate
in the D	ual Enrollment funding program.
As the p	oarent/guardian, you must electronically complete
the Part	icipation Agreement to confirm participation or to
deny po	articipation in Georgia's Dual Enrollment Program.
	A TABLE IN A REPORT OF THE REPORT OF THE REPORT OF
Access	the Parent/Guardian Participation Agreement
You will	be prompted to provide the student's Application
ID herov	ided to the student upon completing the
applica	tion) and bute of Birth or student's \$50 and Date of
Rirth	mony and bale of bill of broach 3 351 and bale of
onni.	
lf you h	ave guestions, please contact your student's high

Please do not reply to this email. Thank you.

Select the link in the email received or visit GAfutures.org/DEparent to complete the electronic agreement.

Parents are prompted to provide the student's application ID emailed to the student, and the **student's** date of birth or social security number. When using the application ID#, enter all 9 alpha numeric characters.

Enrollment Parent/Cua	rdian Participation Agreem	ont		Españo
Enronment Parent/Gua	indian Participation Agreent	ent		
re required to complete the F	Participation Agreement for your s	tudent's particip	on in Dual Enrollment. For sec	urity purposes, enter your student's information
, dsing one of the search opt	ions.			
Application ID*	Date of Birth*			
DE1234567	mm/dd/ccvv	-		
Submit				
	OR			
SSN*	Date of Birth*			
	mm/dd/on w	=		

