



INSTRUCTIONS: Fill out all information completely and accurately including student name on top of page 2. Missing or inaccurate data may hinder processing or result in errors relating to acceptance/denial. Deliberately providing false data may be grounds for denial of the application.

For full-time open enrolled students, the *district of attendance* is considered the *resident district* for Course Options.

Submit completed form to the admissions office or central office of the Educational Institution to which you are applying.

Collection of this data is a requirement of s. 118.52, Wis Stats.

I. GENERAL INFORMATION

To be completed by the parent, legal guardian or student (if age 18 or older) and submitted to the educational institution. The application must be received by the educational institution no later 4:00 p.m. on the date that is six weeks before the scheduled start of the course for which the student is applying. A postmark **does not** constitute timely submission.

“**Educational institution**” includes a public school in a nonresident district, the University of Wisconsin System, a technical college, a nonprofit institution of higher education, a tribal college, a charter school, and any nonprofit organization that has been approved by the department.

For detailed instructions see Course Options website <http://dpi.wi.gov/courseoptions>.

Note: *Separate application form is required for each student and for each different educational institution to which a student is applying.*

Student Name <i>First, Middle, Last</i>		Student's Birthdate <i>Mo./Day/Yr.</i>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Student Phone <i>Area/No. If applicable</i>	Student Email Address <i>If applicable</i>		Grade Student Will be in at Time of Course
Parent/Guardian Name <i>First, Last</i>		Parent Email Address	
Address <i>Street, City, State, Zip</i>			Parent Phone <i>Area/No.</i>
School District in which the Student is Enrolled Full Time		School Student Currently Attends	
Educational Institution to which Student is Applying to Attend a Course or Courses		Name of the school or campus at the Educational Institution at which the student wishes to attend the course(s).	

	Name of Course(s) Student is Applying to Attend	Course Number <i>if Applicable</i>	Scheduled Course Start Date	Scheduled Course End Date
1				
2				

Status—Special Education Does the student have an individualized education program (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status—Special Education Has the student been expelled any time during the current or preceding two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are disciplinary proceedings pending that could lead to expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

Transportation: State statutes provide that the parent is responsible for transporting the student to and from the course that the student is attending. If the parent is unable to pay the cost of transportation, the parent may apply to the Department of Public Instruction (DPI) for reimbursement of the transportation costs. The DPI must give preference to students who meet the income criteria to be eligible for free or reduced price lunches under the School Lunch Program. To request reimbursement of transportation costs, submit a claim form to the DPI *no later than July 15*. Claim form can be accessed via the Internet at oe.dpi.wi.gov/transportation. You may also obtain a form by writing to the Department of Public Instruction, School Management Services, PO Box 7841, Madison, WI 53707-7841.

II. PARENT SIGNATURE AND RELEASE OF RECORDS

Note to parent and student: Your signature on this form grants permission for the educational institution to request from the enrolled school district transcripts necessary to determine whether the student meets the educational institution's prerequisites for the course. Further, s. 118.52 (10), Wis. Stats., authorizes the educational institution to request any student records relating to expulsion. With both student and parent signatures, consent is given for the educational institution to bill the resident school district as a third party payer and grants consent for the educational institution to release a record or transcript to the resident school district at the end of the term for which the student enrolled. This consent is effective until the application is withdrawn by the student/parent or until transcripts have been processed and mailed for a term in which the student was enrolled.

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
Signature of Student ➤	Date Signed <i>Mo./Day/Yr.</i>

Upon receipt, educational institution must send a copy of this form to the school district in which the student is enrolled.

III. EDUCATIONAL INSTITUTION APPROVAL/DENIAL

To be completed by the educational institution and sent to the parent and the enrolled school district no less than one week before the scheduled start of the course (a post-mark at least three days before the parent is required to receive it shall constitute timely notification).

Name of Course _____ <input type="checkbox"/> Approved; school/campus at which student will attend the course: _____ No. of Credits as applicable: HS _____ College _____ Cost to Student/Parent if Course is Attended* <input type="checkbox"/> Denied; reason for Denial Required <input type="checkbox"/> Space not available in course. <input type="checkbox"/> Student does not meet criteria for entrance into course.	Name of Course _____ <input type="checkbox"/> Approved; school/campus at which student will attend the course: _____ No. of Credits as applicable: HS _____ College _____ Cost to Student/Parent if Course is Attended* <input type="checkbox"/> Denied; reason for Denial Required <input type="checkbox"/> Space not available in course. <input type="checkbox"/> Student does not meet criteria for entrance into course.
---	---

* Only applies to courses offered by an institution of higher education for which students can earn college credits; the amount is determined by the institution and the student's district of attendance. **This does not constitute an invoice.**

Name of Educational Institution Representative	Phone Area/No.	Email Address
Signature of Educational Institution Representative ➤		Date Signed <i>Mo./Day/Yr.</i>

IV. ENROLLED SCHOOL DISTRICT APPROVAL/DENIAL

To be completed by the resident school district/district of attendance and sent to the parent no less than one week before the scheduled start of the course (a post-mark of at least three days before the parent is required to receive it shall constitute timely notification).

Name of Course _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied; Reason for Denial Required <input type="checkbox"/> The course conflicts with the student's individualized education program (IEP). <input type="checkbox"/> The course does not conform to or support the student's academic and career plan under §115.28 if any. <input type="checkbox"/> The course does not satisfy a high school graduation requirement under §118.33.	Name of Course _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied; Reason for Denial Required <input type="checkbox"/> The course conflicts with the student's individualized education program (IEP). <input type="checkbox"/> The course does not conform to or support the student's academic and career plan under §115.28 if any. <input type="checkbox"/> The course does not satisfy a high school graduation requirement under §118.33.	
Name of Enrolled District Representative	Phone Area/No.	Email Address
Signature of Enrolled District Representative ➤		Date Signed <i>Mo./Day/Yr.</i>

V. NOTICE OF RIGHT TO APPEAL

If the application is denied by the enrolled district or the educational institution, the parent may appeal the denial to the Department of Public Instruction within 30 days after the date of the notice of denial. The appeal must be in writing and shall state the decision being appealed, the specific reasons for the appeal, including why the appellant believes the decision is arbitrary or unreasonable, and any other facts relevant to the appeal. The appeal shall be signed by the appellant or the representative of the appellant. A copy of this completed form must be included with the appeal. The Department's decision is final and may not be appealed to circuit court. The appeal should be sent to:

Kevin Miller, Dual Enrollment Consultant, Department of Public Instruction, PO Box 7841, Madison, WI 53707-7841

VI. NOTIFICATION THAT STUDENT WILL/WILL NOT ATTEND COURSE

To be completed by the parent and a copy provided to both the enrolled school district and the educational institution no later than the last week day (excluding state holidays) preceding the scheduled start of the course.

Above named student <input type="checkbox"/> Will attend <input type="checkbox"/> Will not attend _____ Name of Course	Above named student <input type="checkbox"/> Will attend <input type="checkbox"/> Will not attend _____ Name of Course
--	--

Note to student and parent: Your signature below verifies that you/your child will/will not attend the courses indicated above and that you understand you will be billed by the educational institution the amount indicated in Section III above, if any, for the attended courses.

Signature of Parent/Guardian or Student <i>if age 18 or over</i> ➤	Date Signed <i>Mo./Day/Yr.</i>
---	--------------------------------