



Home School Student Dual Enrollment Access Academy Registration Form

Name: _____ Date of Birth: _____ Graduation Year: _____

Student Email: _____ Number of courses to take: _____ Student Cellphone Number: _____

NOTE:

- Students may choose to rank one or more courses. See the [Dual Enrollment Access Academy website](#) for course list.

Selected Course(s)	Rank – what is your first, second, third etc... choice?

- I understand that **I and/or my family are responsible for paying the tuition** for the above course(s).
- By signing below, I certify that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my eligibility to enroll.
- If I enroll in The Dual Enrollment Access Academy, I agree to abide by all regulations, policies, and procedures.
- I understand that taking these courses will become part of my permanent university record and may affect my subsequent eligibility for admission to post-secondary institutions.
- I authorize UW-Green Bay to provide information about my course registration, grades and attendance to my high school, school district administrator and school board.

Student signature & date

Parent/Guardian/Foster Parent signature & date