

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.** If your application is "pending" it will have to be manually processed at Eastfield. You won't receive the number until a copy of your application results 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.

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

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

_____ **Dual Credit/Concurrent Enrollment Policy Agreement**

BOTH student and parent must Initial by each item AND circle YES by each.

_____ **Complete the Emergency Treatment Form.**

Parents should list 2 contacts and health info. Both Student and parent must sign it.



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

List Parent/Guardian on this form for authorization. End Date is June of the year you graduate. Student must sign this form. You don't have to attach a copy of your photo ID.

_____ **Complete the High School Enrollment Form.** Print your name & DCCCD# (student ID# for Eastfield) on the top. Do Not Write in the Course Name section. Classes will be decided at a later date. Both student & parent must sign.

_____ **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 *High School Student Dual Credit*
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#: S12345
 - g. Create a password: Use Patriots (with capital P) in front of grad year: _____ (Ex. Patriots2023)
 - 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. I intend to take all my courses online: **NO**
 - e. Are you interested in applying to Texas A&M Academy? **NO**
 - f.  **Your social security number: VERY IMPORTANT TO ENTER YOUR SOCIAL.** If you don't, you will be asked to supply a copy at a later date. Select: 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 #
 - g. Date of birth
 - h. Address, City, State & Zip code
 - i. Please choose a county: *Dallas County*
 - j. How long have you lived at this address: Choose the number of years and months
 - k. Permanent Mailing address: Do not fill out, leave it blank
 - l. Place of Birth: *City, State DO NOT CLICK on the Country List. The default is USA.*
 - m. How do you identify yourself: *Ethnicity, Race & Gender*
 - n. What is your primary language: *choose a language*
 - o. 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
 - p. Military-Veteran Status: *"None of the above"*
 - q. Emergency Contact: *Name of person in case of an emergency & contact # - THEN* 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 which 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 – ANSWER YES TO BOTH OF THESE!! VERY IMPORTANT.**
 - 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 correct then click on *Save & Continue*

14. Submit Application

- a. Click on “*Submit My Application*” If you get an error message, you will need to log back in to view your results.

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 LCmagnet@garlandisd.net if it needs to be processed. It will be forwarded to Eastfield for processing and we will 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 is important to know. Make sure you make note of it for future access.**
 - a. Create a password & confirmed password. Make sure to include 12 characters with uppercase, lowercase, and a number. (Ex. **Patriots2023**)
 - b. Challenge Question: Choose a question and enter an answer for security
 - c. Case sensitive: Do NOT Click on the box Enable Enhanced Security
 - d. Click Submit
3. Confirmation
 - e. You should get a confirmation page saying congratulations you have created an account
 - f. **Do not log in!!!!**

NOTE: The link to the PreAssessment video will not show if you have logged-in. You have to login to see the QUIZ.

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 Dallas County Community College District 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



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:

COLLEGE-- ☐ BHC ☐ CVC ☐ EFC ☐ ECC ☐ MVC ☐ NLC ☐ RLC

STUDENT NAME *(please print)*: _____

DCCCD ID: _____ DOB: _____ GISDID#: _____

Student Cell: _____ Year of HS Graduation: _____

Address: _____ City: _____ Zip: _____

Student email: _____

Parent's Name: _____ Parent's Phone: _____

Parent's Email: _____

Current High School: _____

Date PreAssessment Completed: _____

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.

Both Parent and Student Must initial by Each item		
Initials	Policy	Agree? Circle below:
	Student is or will be enrolled as a student at High School and has permission to take dual credit or concurrent courses with Colleges. Student must provide a signed high school enrollment form.	Yes or No

	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 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.	Yes or No
	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.	Yes or No
	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.	Yes or No
	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.	Yes or No
	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.	Yes or No
	Student must be enrolled as a full-time Student at his/her high school to participate in the Dual Credit Program.	Yes or No
	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.	Yes or No
	Parent/Guardian of Student grants the College permission to authorize emergency medical treatment for Student. The authorization is effective until Student's high school graduation in _____ (specify year) . Parent/Guardian understands that Parent/Guardian is responsible for all medical costs associated with this authorization. If applicable, voluntary health information is attached.	Yes or No
	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.	Yes or No
	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 emergency contacts provided.	Yes or No

Emergency Contact #1:

Name	Relationship	Work/Home No.
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Emergency Contact #2:

Name	Relationship	Work/Home No.
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Voluntary Health Information:

Allergies: _____

Current Medications & Dosages: _____

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

Student Signature	Date	Grad Date
_____	_____	_____

Parent/Guardian Signature	Date
_____	_____

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.

High School Official Signature	Date
_____	_____

DCCCD Office Use Only: _____

Date Received:	Received by:
_____	_____

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.

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: _____

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:** _____
(use today's date) (Presumed one year if left blank)
Should be Date of Graduation

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.**

			P	G	S	O
<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

COLLEGE RECEIVING SUBMITTED FORM

Verified by _____

Date _____

GISDID: _____

Grad Year: _____

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 Lakeview Centennial 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, pending approval , in the appropriate semester. <i>College Course Name(s)</i>	Fall 2019	Spring 2020	10 week Summer 2020	5 Week SS I 2020	5 Week SS II 2020	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 highschool.

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

Parent/Guardian Signature Date

 Signature of High School Official

 Title Date

 Signature of College Official Date



GARLAND INDEPENDENT SCHOOL DISTRICT

Student Record Release Authorization Form

Student: _____ **DOB** _____ **Grade:** _____ **ID#:** _____
Last First

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

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.