Dual Enrollment Application - Anchor Bay High School APPLICATION DEADLINE: MAY 1, 2024 FOR FALL SEMESTER

Student Name		Gra	de:	Date of Birth:	
Name of College	Term: Fall	Winter	Spring/Sum	mer	
**Attention: A check in the box/es counselor, chooses <u>NOT</u> to have th high school transcript as per the Po	is class included towa	ard high school g			eir
Course Name/Number			Credi	.ts	
Course Name/Number					
Course Name/Number			Credi	ts	
 Dual Enrollment Eligibility: Student prescribed standardized test. Student PSAT/SAT: Reading and Volume PSAT/SAT: Math Score Rules and Eligibility for reimbursed Understanding of Rules and Eligibility 	nt MUST meet qualify Vriting Score ≥ 510 ment from Anchor Ba	ying scores in all ≥ 460	content areas to	be eligible.	
File the Dual Enrollment	application form by N				
Classes taken at the colleg should be taken before 3 I school classes.				-	
Courses <u>must not</u> be offer the district that a scheduling The student is eligible to t	ng conflict exists with	the high school	course.		mined by
If the course fulfills an M and counted toward the G the transcript as CREDI The student must be enrol academic semester (the nu student/family picks up The student must maintain	PA. If a class does n T/NO CREDIT and led in both the school umber of courses must the cost for the addi	ot fulfill a gradul will not be coundistrict AND that total 6). If studitional class(es)	nation requiremented toward the postsecondary lents take more.	nent, it will be refle e GPA. institution during the than 6 classes, the	ected on ne same
The student must provide	verification of college	e enrollment as r	equested by the s	school counselor	
The student must provide The student must leave th classes for the day. In ot school classes.	e Anchor Bay High S	chool campus on	ce the student ha	as completed all hig	
If a student drops or is drops or is drops or responsible for reimburser future dual enrolled course For 2024-2025, students a the student's responsibility Anchor Bay School Distriction.	ment to the district for es until reimbursement are allotted \$725.00 for y.	the class. Also, at has been made or tuition, fees, an	the student will to the district. Ind books per class	not be eligible to en	roll in
Student Signature			Date		
Parent Signature			Date		
Counselor Signature			Date		1/2

Dual Enrollment Application - Anchor Bay High School

To the parents/guardians of Dual Enrolled students:

Authorized Signature_

"A student that does not receive college credit for a course under the Dual Enrollment legislation is required to repay the school district (or the Department of Treasury in the case of a nonpublic school) any funds that were expended for the course that were not already refunded by the eligible postsecondary institution. If the student does not repay the funds as described in [MCL 388.514], the district may impose sanctions as determined by school policy. A student may take dual enrolled courses (including ones that were previously taken unsuccessfully) if the funds are repaid and if they still meet all other eligibility requirements."

Attention Students: If you take a course that is 3 or less credits, that will cover 1 hours worth of courses at ABHS. If you take a course that is 4 or more credits, that will cover 2 hours worth of courses at ABHS.

1	2	3	4	5	6
Earth and Space Science	Business Management	American Lit	DE Fundamentals of Nutrition	DE Principles	of Sociology
3191.1001	5112.4	1041.1002	DEBIOL1400.4	DESOC	Y1010.8
Boes, Abigail	Bryk, Katherine	Battice, Dawn	Dual, Enrollment	Dual, Er	nrollment
Room: N216	Room: N230	Room: E119	Room: Off Site	Room:	Off Site
1(A) S2	2(A) S2	3(A) S2	4(A) S2	5-6(/	A) S2

Name	Grade	Email/Extension
Ms. Gano	10 th -12 th	jgano@abs.misd.net/ext.2349
Mrs. Adams	9 th	aadams@abs.misd.net/ext.2336
Mrs. Spoerl	10 th -12 th	jspoerl@abs.misd.net/ext.2334
Mrs. Meinke	10 th -12 th	mmeinke@abs.misd.net/ext.2337
Ms. Barczak	10^{th} - 12^{th}	sbarczak@abs.misd.net/ext.2340
Mrs. DiStefano	9 th -12 th	adistefano@abs.misd.net/ext.2335

^{**}If you have any questions about Macomb Community College, please contact K-12 Relations at MCC at (586) 349-8712 for further advisement.

Please sign below indicating that you are aware that you will be required to repay the school district any funds that were expended for any and all courses in which a student did not receive credit. Please return this letter to the Anchor Bay High School Counseling Department.

Student's Name	Parent/G	uardian Signature Da	ate
**Section to be cor	npleted by ABHS Au	thorized Staff	
College Course Name	# Of Credits	High school credit issued for: (None will be listed on your transcripts if you have opted out of high school credit)	# Of Credits
rincipal's Name		Date	

Date