

## East Arkansas Community College

**Main Campus**  
 1700 Newcastle Road  
 Forrest City, Arkansas 72335  
 (870) 633-4480 • (870) 633-7222 Fax

**Wynne Site**  
 1790 N. Falls Blvd.  
 Wynne, AR 72396  
 (870) 238-4593 • (870) 238-6534 Fax

### HIGH SCHOOL CONCURRENT ENROLLMENT

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

EACC Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In Case of Emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

High School Attending: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12

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 Semester/Year: \_\_\_\_\_

Course ID/Title <small>(Example: ENG1013-01 English Comp I)</small>	Cr. Hr.	Class Meets					Class Time	Class Location	Instructor
		M	T	W	R	F			

\_\_\_\_\_  
 Student's Signature\* Date

\_\_\_\_\_  
 Parent's/Guardian's Signature\* Date

**\*Signature indicates approval to release the student's grade report/transcript, enrollment status from EACC Registrar's Office to high school.**

The above student has notified the school of concurrent enrollment and has proof of immunization record on file with the school district.

\_\_\_\_\_  
 Principal's Signature Date

**This form must be completed, signed, and returned to EACC Registrar's Office at the time of registration. Concurrent credit is subject to school district policy/approval.**