

HIGH SCHOOL CONCURRENT ENROLLMENT

Student's Name:		
(Last)	(First)	(Middle)
EACC Student ID#:		Date of Birth:
		(MM/DD/YY)
Address:		
City/State/Zip Code:		
Cell Phone:		
In Case of Emergency, please contact:		Phone:
High School Attending:		
FALL SEMESTER		SPRING SEMESTER
Course ID/Title		Course ID/Title
(Example: ENG1013-01 English Comp) I)	(Example: ENG1013-01 English Comp I)
	4.0714	A A TH
Current Grade Level:9 TH	10'''	11'''12'''
Student's Signature*		Date*
Parent's/Guardian's Signature*		Date*
*Signature indicates approval to release the s Office to high school.	student's grade	report/transcript, enrollment status from EACC Registrar'
The above student has notified the school of the school district.	concurrent enr	ollment and has proof of immunization record on file with
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. For any questions please contact:

Tobey Nichols (870)-633-4480 ext. 407 or tnichols@eacc.edu