

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

 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.