

Drury University – Fall 2019 SEATED ONLY

_____ High School

Due date: _____

Requirements for high school students:

- **Juniors or Seniors** that have at least a 3.0 GPA (4.0 scale) are automatically admitted.
- **Juniors or Seniors** who have between a 2.5 – 2.99 GPA (4.0 scale) must have a signed letter of recommendation from the student’s counselor, the principal, an instructor from the department, and the student’s parent/guardian.
- **Sophomores** must have at least a 3.0 GPA (4.0 scale) must have a signed letter of recommendation from the student’s counselor, the principal, an instructor from the department, and the student’s parent/guardian.

Course Code (MATH 109)	Course Name (Ex: College Algebra) & Instructor’s Name	Cost	
		\$	
		\$	Semester TOTAL
		\$	\$

Please fill out form completely. Please PRINT legibly in BLACK PEN.

The information must be accurate so that you will receive credit for your dual credit class(s).

LEGAL NAME – REQUIRED BY THE IRS (INTERNAL REVENUE SERVICE)

 (LAST) (FIRST) (MIDDLE)

Please check this box to verify that this is your correct Social Security Number (SSN). Providing your correct number is required by law so that it may be included on IRS information returns filed by the institution. Without a correct SSN, the IRS will not be able to use the Form 1098-T filed by Drury University to confirm eligibility for certain education tax benefits.

****You are required to place a check mark verifying you are listing the correct SS#.**

Social Security Number: _____ - _____ - _____ (REQUIRED)

 (MAILING ADDRESS) (CITY, STATE) (ZIP CODE) (COUNTY, not country)

 (STUDENT EMAIL ADDRESS) (STUDENT CELL #)

Date of Birth: ____/____/____ Gender (please ✓) ____ Male ____ Female
 Month Day Year

Current Grade: _____ Current GPA: _____/4.0 Counselor Signature _____

In order to comply with the US Dept of Education:

Please select ONE ethnicity (please ✓) ____ Hispanic/Latino ____ Non-Hispanic/-Latino

Please select all races that apply (please ✓) ____ American Indian or Alaska Native ____ Asian ____ White
 ____ Native Hawaiian / Other Pacific Islander ____ Black or African American

 Student Signature Date

 Print Parent Name Parent Signature Parent Email Parent mobile #

FOR OFFICE USE ONLY		
_____ Check	_____ Cashier’s Check	_____ Credit Card/Payment Plan
Check no. _____	Name _____	Amount \$ _____

Family Educational Rights and Privacy Act (FERPA)

Family Educational Rights and Privacy Act (FERPA): By law, Drury University officials are not permitted to give any information to any person, including a student's parents and/or guardians, about the student's 1) academic progress, including grades 2) payment status or financial aid or 3) personal development or disciplinary matters without student consent.

If you would like us to share information with your parent/guardian(s), please list their names below, indicate their relationship to you, and mark the box next to the type(s) of information that may be shared. Parent/guardian DOB and SS# are used to determine if they are already listed in our system.

Parent/Guardian Name & Relationship

Date of Birth (DOB)

Parent/guardian SS#

- Academic (ie: grades, registration, academic progress)
- Financial (ie: payment status, balances, financial aid)
- Personal (ie: personal development, disciplinary matters)

Parent/Guardian Name & Relationship

Date of Birth (DOB)

Parent/guardian SS#

- Academic (ie: grades, registration, academic progress)
- Financial (ie: payment status, balances, financial aid)
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Parent/Guardian Name & Relationship

Date of Birth (DOB)

Parent/guardian SS#

- Academic (ie: grades, registration, academic progress)
- Financial (ie: payment status, balances, financial aid)
- Personal (ie: personal development, disciplinary matters)

Students: By signing this document, I agree that any/all information listed above may be shared between both Drury University and my high school.

Student Signature

Date