



# COLLEGE *of* ATHENS

## PARENTAL CONSENT FORM FOR DUAL ENROLLMENT STUDENTS

High School or Home School students under the age of 18 at the time of application are required to submit the following Parental Consent Form for their application to be considered complete.

1. Download and print this form.
2. Parents complete the form, indicating their agreement to each section with a check mark and signing the form.
3. Scan the completed form and upload it to the CoA Dual Enrollment Student Application.

I approve my son's / daughter's enrollment in the College of Athens.

Student's Name: \_\_\_\_\_ . Student's Date of Birth: \_\_\_\_\_

I understand that my student will attend classes with adult students of all ages.

I acknowledge that my student will be treated like an undergraduate college student. As such:

-access to information about my student's progress in his or her course(s) can be monitored through my student's log-in and password.

-contact with my student's instructor(s) should occur through my student and not through direct parental contact except in emergencies.

I understand that my student is expected to respect the CoA Belief Statement and uphold the CoA Expectations for Christian Conduct. (See [collegeofathens.edu](http://collegeofathens.edu))

I understand that if my student misses 25% of the scheduled class time for any reason, s/he will receive a grade of F for that course. (All exceptions must be approved by the CoA President.)

I agree to be financially responsible for my student's course fees and textbooks.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed First & Last Name(s)

\_\_\_\_\_  
Parent's Phone Number

\_\_\_\_\_  
Parent's Email Address (Please PRINT clearly.)