

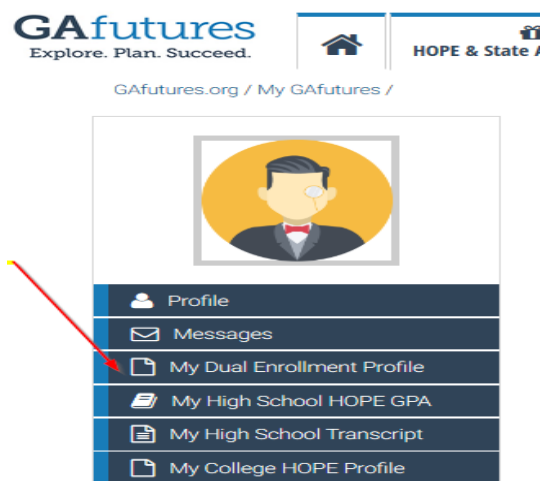
Student Information for completing the Dual Enrollment funding Application & for the Parent to complete the Participation Agreement

Sign in to your GAFutures account profile

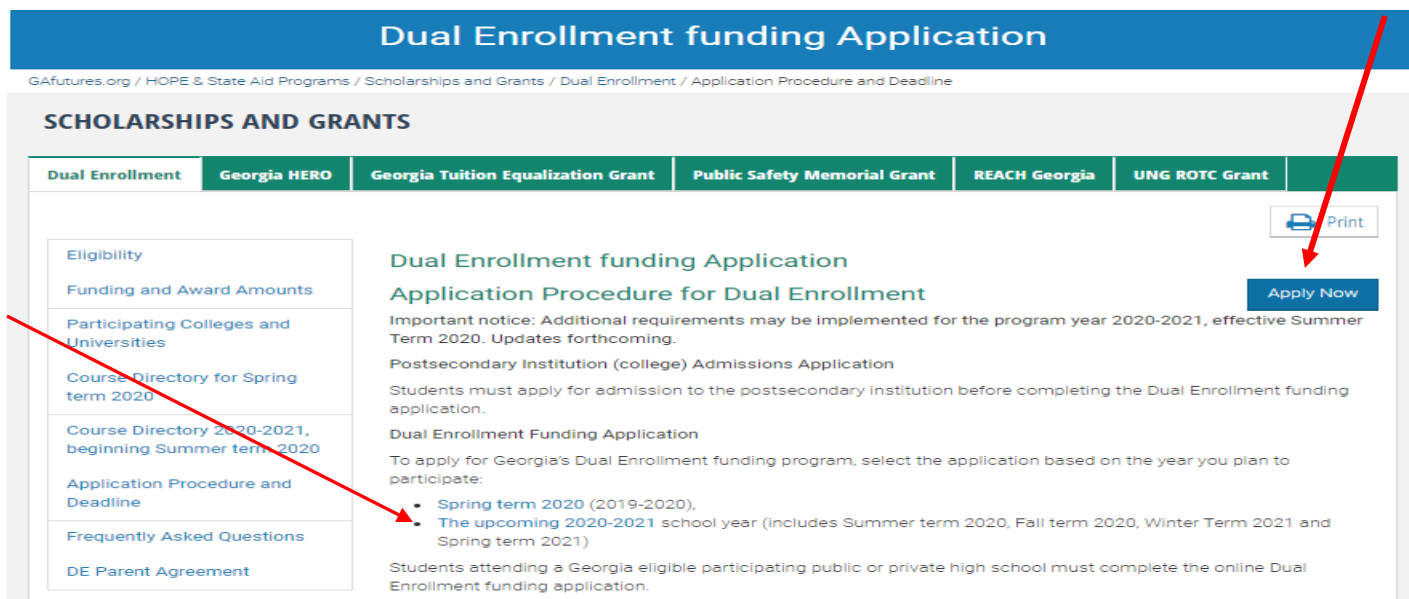
Be sure your GAFutures Account Profile has your correct information (legal name, email address, home address, social security number and Date of Birth).

- The info will prepopulate in your Dual Enrollment funding application.
 - If you do not have a valid social security number, when creating a GAFutures account profile, you will be assigned a temporary ID.

Select **My Dual Enrollment Profile** - You will be routed to the application page; select the 2020-20201 application or apply now link.



My Dual Enrollment Profile will also allow the student to access their Dual Enrollment Dashboard to view the status of the application



The student must provide a parent/guardian's email address for the parent/guardian to electronically complete and sign the Dual Enrollment Participation Agreement for their student.

resulting from withdrawal from a college will be returned to the Georgia Student Finance Commission. Further, I authorize the colleges(s) named below to forward a transcript of my grades to my high school.

An asterisk (*) indicates a required field.

Student Demographics ?

First Name	MI	Last Name	SSN	DOB
Test		Student	*****	*****
Home Address		ZIP	City	State
2082 east		30084	tucker	GA
Phone Number	Student's Email Address			
XXX.XXX.XXXX	sonyag@gsfc.org			
Parent/Guardian Email Address *			Confirm Parent/Guardian Email Address *	
Parent's email address must be different than the student's email address.			☐ Check this box if your parent/guardian does not have an email address. ?	

High School

Are you attending High School or Home Study? *

☒ High School ☐ Home Study

High School *

I plan to enroll in Dual Enrollment course(s) during the school year *

During the school year I selected, I will be in the * grade.

College Selection

Select the college(s) or universities from the Dual Enrollment participating colleges in the list below

The student selects the school year for the application, their grade level and the college(s) which they would like to attend while participating in Dual Enrollment.

Student must read and check each Acknowledgment of the Student Participation Agreement, HOPE Grant Bridge and Certification items.

The parent/guardian will complete their portion after the student has submitted the application.

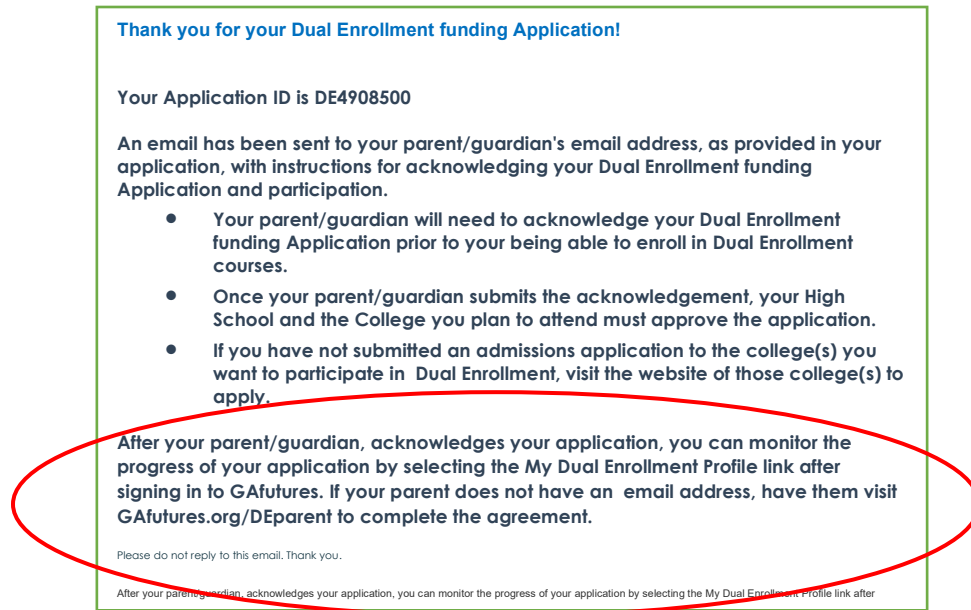
Participation Agreement

Student must complete acknowledgements before participating. After your acknowledgement is completed, your parent/guardian will be notified for parent/guardian acknowledgement. Review and check each box.

Student Acknowledgment	Parent/Guardian Acknowledgment	
☐	☐	The Student's Individual Graduation Plan has been updated to reflect the plan of study through the DE program.
☐	☐	The eligible DE student must contact the high school counselor for approval before any course/schedule changes can be made during the semester/quarter. All DE courses and the course grade will become part of the student's high school permanent transcript.
☐	☐	The student and parent/guardian acknowledges that should a participating DE student choose to withdraw from a college course, the high school will make its best attempt to place that student in a corresponding high school course or online credit opportunity to meet course completion and graduation requirements. If no corresponding course or credit recovery opportunity is possible, the local school system shall determine how the course will be recorded as a withdrawal or incomplete on the student's transcript. (Check with school officials for the local school system policy regarding withdrawal from DE classes).

You will receive an email confirmation with an application ID#. Provide your application ID# to your parent/guardian for your parent to confirm your participation in the Dual Enrollment program.

Your parent will receive an email at the email address you provided with a link to access the parent agreement **after** you have signed and submitted your application.



Congratulations, you have successfully completed the funding application.

Be advised: You must complete an Admissions Application for the college(s) you would like to attend for approved Dual Enrollment courses.

Parent Agreement

Prior to participating in Dual Enrollment, as part of the application process, the student's parent/guardian must complete the Student Participation Agreement (SPA).

Dear Parent / Guardian,

Hope Student has submitted an application to participate in the Dual Enrollment funding program.

As the parent/guardian, you must electronically complete the Participation Agreement to confirm participation or to deny participation in Georgia's Dual Enrollment Program.

[Access the Parent/Guardian Participation Agreement](#)

You will be prompted to provide the student's Application ID (provided to the student upon completing the application) and ~~Date of Birth or student's SSN and Date of Birth.~~

If you have questions, please contact your student's high school.

Please do not reply to this email. Thank you.

Select the link in the email received or visit GAfutures.org/DEparent to complete the electronic agreement.

Parents are prompted to provide the student's application ID emailed to the student, and the **student's** date of birth or social security number. When using the application ID#, enter all 9 alpha numeric characters.

DUAL ENROLLMENT PARTICIPATION AGREEMENT

Dual Enrollment Parent/Guardian Participation Agreement

[Español](#)

You are required to complete the Participation Agreement for your student's participation in Dual Enrollment. For security purposes, enter your student's information below, using one of the search options.

Application ID*

DE1234567

Date of Birth*

mm/dd/ccyy

Submit

OR

SSN*

XXXXXXXX

Date of Birth*

mm/dd/ccyy

Submit