



## Dubuque Community School District

# Postsecondary Enrollment Options Program / Registration Form

# #

**Instructions:** Complete application, see your guidance counselor for approval, then obtain signature at college. Return form to your school's Guidance Department Chair.

### SECTION I - STUDENT INFORMATION

Complete one form for each course. Each block in Section I must be completed for consideration. **Press hard to make multiple copies readable.**

Applicant Legal Name <i>(Last, First, Middle)</i>		Date of Application
Street Address		Date of Birth
City	State IOWA	Zip
Parent/Guardian Name		High School <small>Hempstead Senior Wahlert Other</small>
Parent/Guardian Address, if different		Grade 9 10 11 12
Name of college for proposed class <small>Clarke Loras UD Emmaus</small>		Gender F M
College Course Title	Semester <small>Fall Spring</small>	Course Days/Times <small>M T W Th F</small>
College Course #	Credits per Semester	

### SECTION II - PARENT PERMISSION

- 1) Students anticipating enrollment under the Senior Year Plus Program: Postsecondary Enrollment Option Program must inform the Dubuque School District of the intent to participate. The school shall inform their students of the availability of the opportunity provided in the school's registration guide. We have received the information and are aware that the above student is enrolling in a postsecondary course.
- 2) We approve the release of college grade(s) to the Dubuque Community School District. We assume all responsibility for the costs directly related to incomplete or failed coursework.
- 3) We have read the DCSD Policy 6219 for this program and understand and agree to the provisions outlined.

\_\_\_\_\_  
Parent Signature *(if student is under age 18)* or Student Signature *(if over age 18)*

\_\_\_\_\_  
Date

### SECTION III - To be completed by high school officials

#### PROFICIENCY VALIDATIONS (choose one method)

##### ISASP

Test Date: \_\_\_\_\_

Scores:

ELA \_\_\_\_\_

Math Total \_\_\_\_\_

Science \_\_\_\_\_

##### ACT, SAT, PSAT (circle)

Test Date: \_\_\_\_\_

Score: \_\_\_\_\_

#### To qualify for PSEO classes scores must be:

	ISASP - ELA	ISASP - MATH	ISASP - SCIENCE
10 <sup>th</sup>	530	537	545
11 <sup>th</sup>	561	559	
	ACT	SAT	PSAT
	Composite 21+	Combined (R,M) 990+	Combined (R,M,W) 141+

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Dept. Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Dept. Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Designee Signature

\_\_\_\_\_  
Date

### SECTION IV - To be completed by Postsecondary Institution

I certify that the student identified in Section I has been admitted to the course identified

\_\_\_\_\_  
*Signature of Authorized College Official*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

*Copy Distribution: Leave pink copy with postsecondary institution. Return all other copies intact to your school's Guidance Office.*

**Pink:** Postsecondary Institution **Yellow:** School **White:** District Office

REVISED as of 1/29/2020