



COLLEGE CREDIT COURSES (Dual Enrollment) • COURSE AGREEMENT

Student's Printed Name: _____ CVUSD ID: _____
FIRST LAST M.I.

Student's Address: _____
STREET CITY/STATE/ZIP

Student's Current School: _____ Grade: _____ Date of Birth: _____

Contact Number: _____ E-mail Address: _____

Parent's Printed Name: _____ Contact Number: _____
FIRST LAST

Parent E-mail Address (if available): _____

COURSE INFORMATION

Course: _____ Semester and Year (Ex. Spring 2019): _____

I am willing to have a grade of a C minus or better posted to my Chino Valley Unified School District transcript for dual credit: YES NO

- If the answer is "YES", Chino Valley Unified School District has the right to retrieve this information on my behalf.

I do NOT wish to have this course grade and credits posted to my CVUSD transcript.

PARENT SIGNATURE

STUDENT SIGNATURE

Return this completed form to your high school Records Office.

Recorded by: _____ Date: _____