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**Boiling Springs High School**  
**717-258-6484 ext. 1003**

**Boiling Springs High School Application to Participate in Dual Enrollment Program**

*Application to participate in dual enrollment program for use by student and parent(s)/guardian(s) in applying for permission to enter into the dual enrollment program.*

**INSTRUCTIONS:** A student who wishes to apply for participation in the dual enrollment program must fill out this application in full to be considered. If an area does not apply to the student, the area should be marked N/A. Otherwise, all requests for information must be provided as part of the process. The information requested on this form is required information to be considered for reimbursement if grant funds are forthcoming from the state. Without this information, which is kept in strictest confidence, the application cannot be processed.

**SCHOOL YEAR of DUAL ENROLLMENT** \_\_\_\_\_

☐ Student is applying for admission to: **Harrisburg Area Community College (HACC)**

☐ Student is applying for admission to: \_\_\_\_\_

Student Name \_\_\_\_\_ School Email \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Student's Current Grade Level \_\_\_\_\_ Student's GPA \_\_\_\_\_ Current Credits Earned \_\_\_\_\_  
(Grade level as of the date this is completed)

\*\*\*\*\*

Name and Number of the College Course(s) you are applying for (fall and spring if applicable):

FALL SEMESTER

SPRING SEMESTER

1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

Please indicate with which high school course(s) the above college course(s) will be coupled. Make sure that number (1) matches number (1) etc.

**Requirements:** The student and parent(s)/guardian(s) understand and agree that all registration fees, tuition fees, application fees and textbook requirements are their responsibility. The South Middleton School District is not responsible for transportation if the student finds he/she must travel to the college campus for the course. The student must meet the minimum entrance requirements of the college offering the course to be considered for this program. This means that the student and parent(s)/guardian(s) are responsible to contact the college for this information and be willing to comply with those requirements.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed and returned to the counselor by June 1 for fall enrollment and November 1 for spring enrollment of the year prior to the beginning of the program.**

ADMINISTRATIVE USE ONLY

Yes	No	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	School Counselor _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Building Principal _____	_____