

WESTMINSTER COLLEGE  
Lifelong Learning Program  
**HIGH SCHOOL - DUAL ENROLLMENT  
CLASS REGISTRATION**

**HIGH SCHOOL PERMISSION FORM**

*Must be filed prior to each semester for each course*

\_\_\_\_\_ has our permission to enroll  
Student Name  
as a high school student in \_\_\_\_\_  
Course Name  
at **Westminster College** for \_\_\_\_\_ Semester \_\_\_\_\_ Year

We agree to abide by college and high school regulations pertaining to this program.

Signed: \_\_\_\_\_  
Parent/Guardian Date

Approved: \_\_\_\_\_  
Guidance Counselor Date

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Director of Adult & Graduate Studies Date