College and Career Readiness
Public Institution of High Education (PIHE)
Dual Enrollment Application Form

Effective July 1, 2013, as defined by Maryland Senate Bill 740, tuition for students who are dually enrolled in a secondary school in the state of Maryland and an institution of higher education will be subsidized and, in some instances, completely paid for by the local education agency (K-12 school system). Fees and other charges from the institution of higher education are the responsibility of the student/parents. Students seeking dual enrollment status must meet the following eligibility requirements:

- High school junior or senior status
- Unweighted, cumulative GPA of 2.0
- Currently enrolled in FCPS

Student Name:_____	FCPS Student ID #:_____
High School:_____	Grade:_____
PIHE:_____	PIHE ID #: _____(if known)

Student Responsibilities (Please initial):

_____ Ensure that all information to be completed by student and parent/guardian is complete and correct.

_____ Complete the PIHE application for admission.

_____ Ensure that all diagnostic assessments/ placement tests and paperwork (application, current transcript) required by the PIHE are completed by the established deadlines.

_____ Upon course completion, provide your school counselor with a grade report for the course taken.

_____ Payment of all fees and costs of textbooks and materials for the enrolled class.

_____ Awareness of the PIHE policies and procedures, including payment due dates, code of conduct, emergency closings, etc.

_____ Notifying the PIHE and FCPS if a course is dropped.

_____ Monitoring PIHE email account for notifications.

_____ Understand that per FCPS Regulation 400-32, "It is an expectation that students will pay all outstanding financial obligations by the end of the school year." Any outstanding tuition due to the PIHE would be considered a financial obligation and may result in the denial of transcripts, participation in commencement activities and/or any end-of year activities.

_____ Accepting responsibility for 90% of the discounted tuition rate (75% of the normal tuition charge) for the first four classes taken at a PIHE. For instance, if the normal tuition rate is $400, then the student would be responsible for $270 (90% of $300). This is not applicable to free & reduced meal students, who will have tuition waived.

Course Title(s) of PIHE course:

Course:_____ Course #_____ Semester:_____

Course:_____ Course #_____ Semester:_____

Course:_____ Course #_____ Semester:_____

Courses previously taken at PIHE:

PIHE:_____Course:_____ Semester/Year:_____

PIHE:_____Course:_____ Semester/Year:_____

PIHE:_____Course:_____ Semester/Year:_____

PIHE:_____Course:_____ Semester/Year:_____

Students who meet the eligibility requirements and qualify for free and reduced meals will have the tuition waived if they are enrolled in and attending class on the campus of the PIHE (charges for fees and books are not waived)

Free and Reduced Meal ~ Income Eligibility Guidelines
(Effective July 1, 2013 through June 30, 2014)

Household Size	Free Meals			Reduced-Price Meals		
	Year	Month	Week	Year	Month	Week
1	$14,937	$1,245	$288	$21,257	$1,772	$409
2	20,163	1,681	388	28,694	2,392	552
3	25,389	2,116	489	36,131	3,011	695
4	30,615	2,552	589	43,568	3,631	838
5	35,841	2,987	690	51,005	4,251	981
6	41,067	3,423	790	58,442	4,871	1,124
7	46,293	3,858	891	65,879	5,490	1,267
8	51,519	4,294	991	73,316	6,110	1,410
For each additional family member add . . .	$5,226	$436	$101	$7,437	$620	$144

☐ My child is eligible for Free and Reduced Meals

☐ I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to FCPS for considering this application and sharing the information provided herein with the necessary departments of _____for the purpose of registration in the dual enrollment program.
(Public Institution of Higher Education)

☐ I give my permission for the Public Institution of Higher Education to provide grade reports to my child's high school counselor.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date:_____
Printed / Signature

FCPS Staff Signature: _____ Date:_____
Printed / Signature

This form must be completed and presented to the PIHE Registrar or Office of Student Accounts prior to each semester payment deadline.

Be sure to keep a copy for your records.