

## APPENDIX D

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### ***Board of Education of Frederick County Dual Enrollment Attendance Waiver Application / Contract***

The Dual Enrollment Attendance Waiver is required for all students enrolled in a college course(s) during their normal school day.

Student Name:	_____	FCPS Student ID#	_____
High School:	_____	Grade:	_____
College/University:	_____		
School Year:	_____	Semester:	_____
		<input type="checkbox"/> High School Based	
		<input type="checkbox"/> Open Campus	

The Dual Enrollment Attendance Waiver serves as a temporary attendance waiver which provides for the release of students from the direct school supervision for a portion of the school day since they are enrolled in a college course(s). We hereby make application for a temporary attendance waiver for dual enrollment purposes and agree to the following regulations: \*Please initial each statement that applies.

☐ **Open Campus Dual enrollment**

- \_\_\_ The student shall provide transportation to and from the college.
- \_\_\_ The student shall leave the building at \_\_\_\_ a.m. / p.m. each day.
- \_\_\_ The student shall return to the building at \_\_\_\_ a.m. / p.m. each day.
- \_\_\_ Parents/guardians assume responsibility for the student upon release from school.

☐ **High School Based**

- \_\_\_ The student may leave the building at \_\_\_\_ a.m. / p.m. on non-class days.
- \_\_\_ The student may return to the building at \_\_\_\_ a.m. / p.m. on non-class days.
- \_\_\_ Parents/guardians assume responsibility for the student upon release from school.

\_\_\_\_\_  
Signature of Student / Date

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent / Date

\_\_\_\_\_  
Printed Name of Staff Member

\_\_\_\_\_  
Signature of Staff Member / Date

\_\_\_\_\_  
Printed Name of Principal

\_\_\_\_\_  
Signature of Principal / Date