

EDWARD WATERS COLLEGE



Dual Enrollment Consent Form

Directions: Print clearly and neatly in blue/black ink.

Student Information

Name of High School: _____

Current Grade Level: _____ Anticipated Graduate Date: _____

Date of Birth (MM/DD/YY): _____ / _____ / _____ Gender: Male Female

Ethnicity

Am Indian/AK Nati Asian Black/AA Ethnicity Unknown Hawaiian/Pac Isld
Hispanics of Any Race Two or More Races White

Social Security Number: _____