

# PARK CITY SCHOOL DISTRICT DUAL ENROLLMENT PARTICIPATION REQUEST

A student may take up to two classes at their designated public school while they are being home schooled or attending an accredited private school by completing this application for “dual enrollment” status.

Student Name: \_\_\_\_\_

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

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

Mailing Address (if different): \_\_\_\_\_

Phone: Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work/Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

PCSD School Name: \_\_\_\_\_

PCSD School class(es) or school program(s) in which the student wishes to enroll: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Dual School Name and Address: \_\_\_\_\_

\_\_\_\_\_ School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Note: For students with IEP's or identified through child find:** My decision to home school or apply for dual enrollment does not in any way imply that the Park City School District did not provide a free and appropriate public education and I understand and agree that my student has no individual right to receive some or all of the special education and related services he/she would receive if enrolled in a public school in the Park City School District, unless I have arranged for dual enrollment consistent with state law, Section 53A-11-102.5 and Utah State Board of Education rule, R277-438.

I hereby certify that \_\_\_\_\_ requests to be enrolled/participate in the class(es)/program described above and that the student and school understand that the participant must adhere to the rules and regulations affecting all students for participation in Park City School District programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Review, Principal Signature

\_\_\_\_\_  
Date