

\_\_\_\_\_  
Student Last Name\_\_\_\_\_  
Student LEGAL First Name\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Parent/Guardian Name\_\_\_\_\_  
Parent/Guardian Email**To Be Completed by Parent/Guardian**

1. I give permission for my son/daughter named above to take Dual Enrollment classes provided by Motlow State Community College. I understand that I will be responsible for all tuition and fees associated with these classes.

**Please check ONE of the following:**

- I give permission for my son/daughter to take Dual Enrollment classes provided by Motlow State Community College.
- I DO NOT give permission for my son/daughter to take Dual Enrollment classes provided by Motlow State Community College.

2. Applications for the TN Dual Enrollment Grant must be submitted online for each semester funds are requested. You may access the TN dual enrollment grant at: <http://www.tn.gov/collegepays/article/dual-enrollment-grant>. **Please check ONE of the following:**

- The Dual Enrollment Grant Application has been submitted online at the above website.
- I do not wish to receive funds from the Dual Enrollment Grant.

3. Please be aware once your student exceeds \$1200 from the Dual Enrollment Grant Awards, the additional funding will be deducted from the first semester HOPE scholarship award, if desired.

**Please check ONE of the following:**

- I DO want to deduct from the first semester of my HOPE Scholarship if I exceed the \$1200 allowed from the Dual Enrollment Grant.
- I DO NOT want to deduct from the first semester of my HOPE Scholarship if I exceed the \$1200 allowed from the Dual Enrollment Grant.

4. Dual Enrollment Grant awards will be limited to no more than two (2) courses per academic term and four (4) courses per academic year (Fall/Spring/Summer). Maximum annual Dual Enrollment Grant award is \$1200.

Students wishing to receive grant awards for two dual enrollment courses in the same academic term must have a minimum of 21 ACT Composite (980 SAT) or minimum 3.0 high school GPA.

**Home School** students wishing to receive grant awards for two dual enrollment courses in the same academic term must have a minimum of 21 ACT Composite (980 SAT).

**ALL** students must maintain 2.75 college GPA to continue grant eligibility.

The following selection will apply to all future terms while my child is enrolled as a Dual Enrollment student.

Please check ONE of the following:

- I choose to use the dual enrollment grant for TWO courses during any term I am enrolled in more than one dual enrollment course.
- I choose to use the dual enrollment grant for ONE course per term even if my student is enrolled in more than one dual enrollment course during a given term.

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

## Hepatitis B (HBV) Immunization

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Student my sign if over the age of 18.

The General Assembly of the State of Tennessee mandates each public or private postsecondary institution in the state provide information concerning hepatitis B infection to all students matriculating for the first time. Tennessee law requires such students complete and sign a waiver form provided by the institution that includes detailed information about the disease.

The law does not require students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

Please check ONE of the following:

- I have read this information and I have had the entire series of the Hepatitis B vaccine.
- I have read this information and I have elected to receive the Hepatitis B vaccine.
- I have read this information and I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.
- I have read this information and I have elected NOT to receive the Hepatitis B vaccine.

## Certification

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I certify that all the information I reported is complete and correct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed

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