

# Step 3 & 4: Turn in Paperwork and Pay for Dual-Credit Classes

Students will receive their Dual Credit packets during individual counselor meetings or during Dual-Credit Help Sessions. The Dual Credit packet includes:

- 2 Blue Dual Credit forms (one for each semester)
- Parent Consent Waivers (2 different consent forms)
- FERPA Form

See Mrs. Hernandez or Mrs. Bond (Room 3202 or 3204) for a packet if you did not attend help sessions.

Students who take the TSI at CCHS will turn in their completed packet (with all signatures) to their test proctor.

- Packets will be not be collected for students who do not pass. Students may re-take the TSI at Lone Star College.

Students who have qualified with their PSAT, SAT or ACT scores must print their scores, attach the scores to their completed packet, and turn their packet into **Mrs. Hernandez** by the **March 30, 2021** deadline.

Payment must be made on a student's [MyLoneStar](#) account. Please see below for instructions on how to pay.

**Payment is due May 14, 2021**

Tuition for each semester:

1 DC class: \$78

2 DC classes: \$156

\*BIOL is a 4 credit class and will cost \$104.


Tuition is subject to change!

**All Paperwork is due by March 30, 2021**

## Required Paperwork:

### Dual Credit/Exceptional Admissions Form (normally blue):

- All students will receive two of these forms. The first one will be for Fall 2021, second one for Spring 2022.
- All highlighted sections must be filled out, including signatures



**LONE STAR COLLEGE**

**Dual Credit / Exceptional Admission**

**Course Approval Form**

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**For LSC Office Use Only:**

Check the Appropriate Program: ☐ Dual Credit ☐ Dual Credit College Academy or Early College HS ☐ Exceptional Admit

Check Appropriate Program: ☐ DCHS (High School) ☐ DCCA (Dual Credit College Academy) ☐ EA (Exceptional Admit)

SD9 Service Indicator Reason Code: ☐ DCHMS (Home School) ☐ EAEC (Except Admit - Early College) ☐ EAACL (Exceptional Admit - Accelerated)

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**Please Type or Print**

Name of Student: \_\_\_\_\_ LSC ID# \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ HS ID# \_\_\_\_\_ HS Graduation Date (MM/YY): \_\_\_\_/\_\_\_\_

I understand that if I am admitted under this program, I will abide by the rules and regulations of LSC, including official registration and withdrawal procedures. I also understand that academic information such as test scores and college transcripts will be provided by LSC upon request to my corresponding high school.

Student Signature \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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**To be Completed by Parent or Legal Guardian**

I agree to these provisions of admission and enrollments hereby listed for consideration of the student's acceptance and understand he/she must abide by the rules and regulations of LSC. I understand the student will be responsible for any charges remaining on his/her account not covered by any applicable waivers and is subject to LSC's Student Financial Responsibility Agreement.

[http://www.lonestar.edu/departments/financetresury/LSCS Financial Responsibility Agreement.pdf](http://www.lonestar.edu/departments/financetresury/LSCS%20Financial%20Responsibility%20Agreement.pdf)

I understand the student may be exposed to adult material in the classroom and open laboratories, including libraries, learning centers and computer labs.

I understand that once the student is registered in a college course, he/she is under the rules of the Family Educational Rights and Privacy Act (FERPA) and may not have access to my student's records without his/her written permission or proof that I claimed the student as a dependent on my most recent income tax return.

I understand that students who receive a D or F in a dual credit course are not permitted to continue in the dual credit program.

☐ My child is aged 15 years and under, and by checking this box, I will assure that I (parent, legal guardian, or authorized responsible adult) will be available on the college campus (but not in the student's classroom) to monitor his/her activities outside of class, in the library, and in open labs in case of emergency.

☐ For College Credit Only: I understand the high school is not required to count the college course towards high school graduation requirements. I understand the student cannot register for a college credit only course conflicting with the class schedule at the high school.

**My signature below acknowledges that I have read and understand the policies above.**

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be Completed by High School Principal or Designee**

College Course Selections				Select Appropriate Term			LSC Registration Note: Enter "Action Reason" Code	
Class #	Subject	Catalog #	Section #	Year 20	Year 20	Year 20	DC	EACC
				Summer I	Summer II	Fall	Spring	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Summer I	Summer II	Fall	Spring	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Summer I	Summer II	Fall	Spring	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Summer I	Summer II	Fall	Spring	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Summer I	Summer II	Fall	Spring	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Official Test Scores are required for Dual Credit registration at Lone Star College and have been attached to this form.

High School Principal or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For LSC Office Use Only**

Term: Fall	Year 20	Term: Spring	Year 20	Term: Summer	Year 20
Total Hrs Enrolled:		Total Hrs Enrolled:		Total Hrs Enrolled:	
Hrs Eligible for Waiver:		Hrs Eligible for Waiver:		Hrs Eligible for Waiver:	
Initial: _____ Date: _____		Initial: _____ Date: _____		Initial: _____ Date: _____	

ARC-020 Revised 02/2020

\*Must be completed prior to enrollment if student is age seventeen (17) or younger\*



PARENTAL CONSENT AND WAIVER FORM FOR  
MINOR STUDENTS

As a condition to be enrolled as a student within Lone Star College ("LSC"), I, \_\_\_\_\_, ("Student") understand that it is my responsibility to complete this form truthfully and accurately to the best of my ability. I further agree to notify immediately and in writing the LSC Admissions and Financial Aid Offices of any circumstances that may change.

I understand that a college level standard of conduct is required, and it is my responsibility to comply with the admission policies, student code of conduct, policies, academic standards of LSC, and standards set forth in the course syllabus. I understand that college level grading requirements will be used. I also understand that enrolling in certain courses could negatively affect financial aid, scholarships, future enrollment, tuition costs, etc.

\_\_\_\_\_  
Signature

Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lone Star College ID #

**To be completed by Parent/Guardian:**

I, \_\_\_\_\_, hereby certify that I am the parent or legal guardian of the above named Student and I have read and understand the above statements and agree to the terms and stipulations. I hereby grant my consent for the above named Student to enroll in classes at LSC.

Either I or a designated responsible adult will be available at LSC to monitor Participant's activities outside of class while at LSC owned locations and will be immediately available in case of an emergency. I understand that although LSC will act reasonably, LSC does not take guarantee to provide additional or extraordinary safety measures for any group or individual on campus.

All students age fifteen (15) years or younger must have a parent, legal guardian, or authorized responsible adult while at a LSC college, center, or facility at all times to monitor the student's activities outside of class and to be immediately available in case of an emergency. Failure to have a parent or legal guardian at the LSC college, center, or facility will cause the student to be removed from each enrolled class.

In consideration of Student being permitted to participate in courses at LSC and use the LSC facilities ("facilities"), I, on behalf of Student, hereby assume all risks of injury, illness, death or other loss arising from or in any way relating to Student's participation in courses or use of the facilities. I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

On behalf of myself, Student, family, heirs, and personal representative(s), I hereby release LSC, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, Student, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Student's property and for any and all illness or injury to student, including death, that may result from or occur during participation or use of the facilities, whether caused by negligence of the Releasees, or otherwise. I further agree to indemnify and hold harmless Releasees from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional act or omission while participating or using the facilities. I understand and agree that Releasees may not have medical personnel available.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

\_\_\_\_\_  
Signature

Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

*Note: Signed original to be retained as a Student record.*

*Note: Modification of this Form requires approval of OGC*

Parent Consent Waivers:

Sign Both Forms:

*The Parental Consent and Waiver  
Form for Minor Students and  
Agreement Regarding Minor  
Students on Campus*

All students must complete these  
forms to enroll in a Dual Credit  
course.

Lone Star ID: \_\_\_\_\_

**AGREEMENT  
REGARDING MINOR STUDENT ON CAMPUS**

I, \_\_\_\_\_, (the "Student") want to attend classes at Lone Star College (the "College"). I shall comply with the College's Policies and the Chancellor's Procedures. I acknowledge that I will be deemed an adult for the purposes of the College's Policies, Chancellor's Procedures, college-grading standards, and adherence to course syllabus rigor. I acknowledge that being a minor shall not excuse my conduct at any time.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date:

**Parent/Guardian Portion:**

I, \_\_\_\_\_, (the "Guardian") hereby certify that I am the legal guardian of the above-named Student. I acknowledge reading and understanding the statements Student signed above. I hereby grant my consent for Student to enroll in classes at the College. I also hereby grant consent for the College President, Chief Operating Officer, or Chancellor ("College Authorized") to waive Section ILD.2.04 for student ("Requirements for Minors on College Premises").

I acknowledge the College has no obligation to waive Section ILD.2.04 for Student. I further acknowledge that the College may at its discretion—through one of the above-named officers—decide to withdraw this waiver at any time. I acknowledge that if the College should withdraw this waiver, then Guardian and Student shall promptly comply with Section ILD.2.04 of the Lone Star College District Policy Manual. I acknowledge that neither I nor student have an entitlement under College Policy or Chancellor's Procedures to this waiver. I acknowledge that this waiver is not only for a College program, class, or event, but also includes: computer labs (e.g., for tests), science labs, physical fitness facilities, storage rooms, equipment rooms, outdoor water features, or outdoor athletic facilities.

I shall be available in case of an emergency involving the Student. I acknowledge that the College will use reasonable efforts in responding to issues regarding Student. I further acknowledge that the College shall not be expected to provide any heightened oversight measures for Student's benefit while on the College's property, in a program, class, or event.

I, on behalf of Student, hereby assume all risks of injury, illness, death, or other loss arising from Student's participation in programs, classes, events, or presence on the College's property. I acknowledge that Student's use of the facilities may expose Student to hazards or risks that may result in Student's illness, personal injury, or death, and I understand and appreciate the nature of such hazards and risks.

On behalf of myself, Student, family, heirs, and personal representative(s), I hereby release the College, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability to me, Student, personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Student's property and for any and all illness or injury to student, including death, that may result from or occur during participation or use of the facilities. I shall indemnify Releasees from liability for the injury or death of any person(s) and damage to property that may result from Student's negligent or intentional act or omission while participating or using the facilities.

I acknowledge this Release shall be under the laws of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, then I shall be bound by the balance of the remaining agreement.

\_\_\_\_\_  
Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
College Authorized Signature:

\_\_\_\_\_  
Date:





**AUTHORIZATION TO RELEASE EDUCATION RECORDS**  
**Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)**

I, \_\_\_\_\_, hereby voluntarily authorize officials at Lone Star  
College (LSC) to disclose personally identifiable information from my education records.

[Print Name of Student]

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Grades/Transcripts           | <input type="checkbox"/> Photos              |
| <input type="checkbox"/> Financial Aid                | <input type="checkbox"/> Academic Records    |
| <input type="checkbox"/> Disciplinary                 | <input type="checkbox"/> All College Records |
| <input type="checkbox"/> Scholarship and/or Honors    |  |
| <input type="checkbox"/> Other (Please Specify) _____ |  |

This information may be released to:

\_\_\_\_\_

[Print Full Name(s) of Individual(s) To Whom LSC May Disclose Information]

for the purpose of informing:

- |   |   |
|---|---|
| <input type="checkbox"/> Family                       | <input type="checkbox"/> Employer/Prospective Employer                  |
| <input type="checkbox"/> Educational Institution      | <input type="checkbox"/> Public or Media of Scholarship, Honor or Award |
| <input type="checkbox"/> Other (Please Specify) _____ |   |

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Signature

Date

Student ID Number

LSC-CyFair Student Services 281-290-3200	LSC-Kingwood Student Services 281-312-1613	LSC- Montgomery Student Services 936-273-7326	LSC- North Harris Student Services 281-618-5481	LSC- Tomball Student Services 281-351-3310	LSC- University Park Student Services 281-401-5370
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**Note: Modification of this Form requires approval of OGC**

**FERPA Form**

This form allows Lone Star to release student information to whomever is listed (i.e. parents/guardians)

Parent/Guardian(s) name(s)

Lone Star ID #

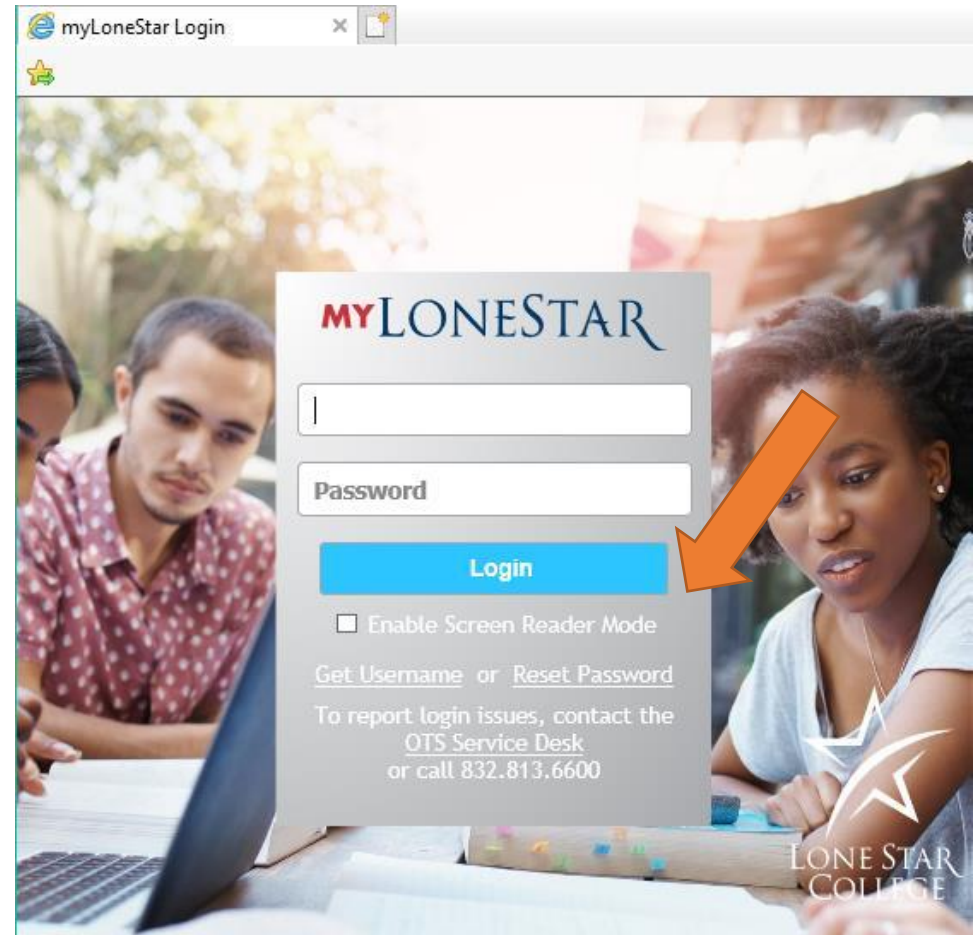
# Payment Online Using My.LoneStar.edu

## Logging InP

1. Use the LSC ID number provided in the Lone Star College acceptance letter (***sent by mail and email***) to sign in to **MyLoneStar**.

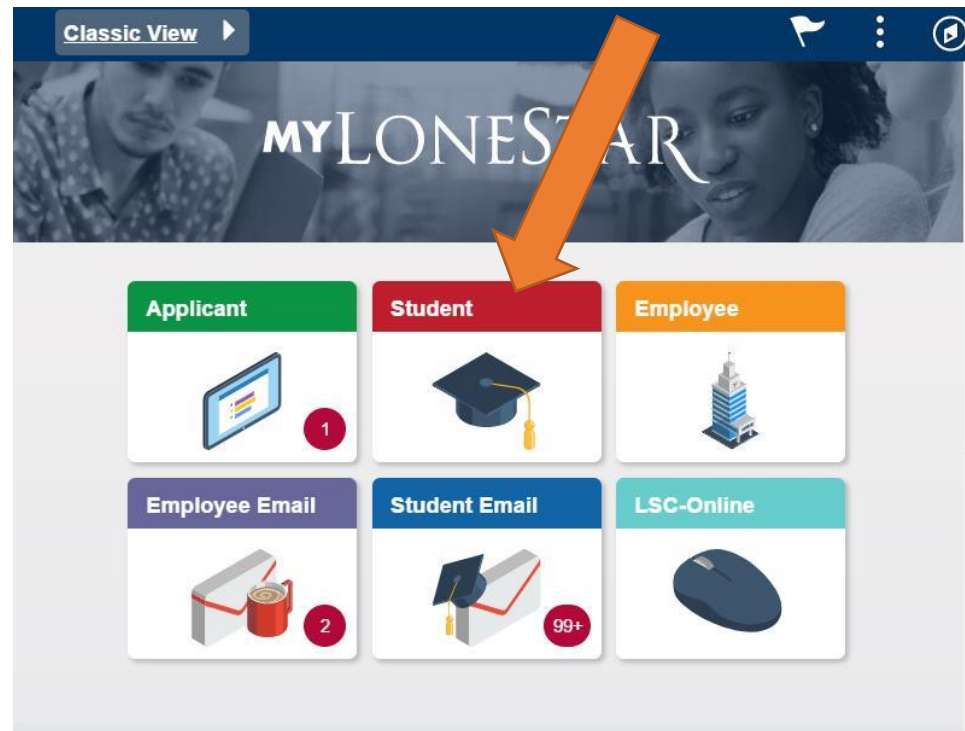
### Forgot your password/never signed in before?

- To gain access to your account, click on “**Reset Password**” and use your ID number as the username.
- Next you will need to create your security questions and a password.
- Using your ID number as the username and new password you created, sign in to MyLoneStar.

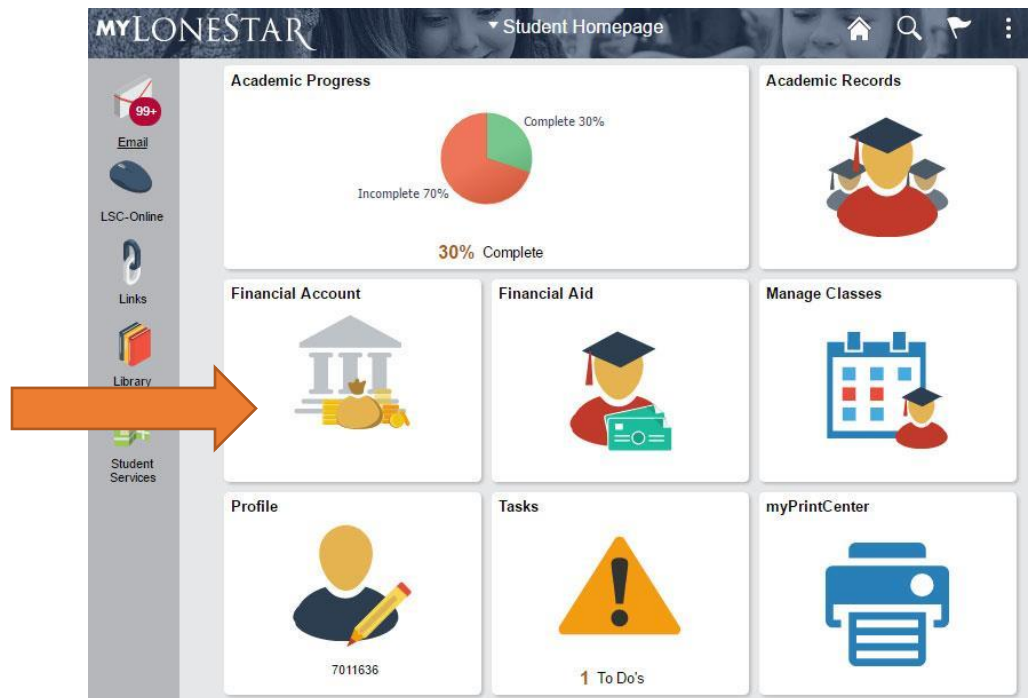


## Making Payments Online

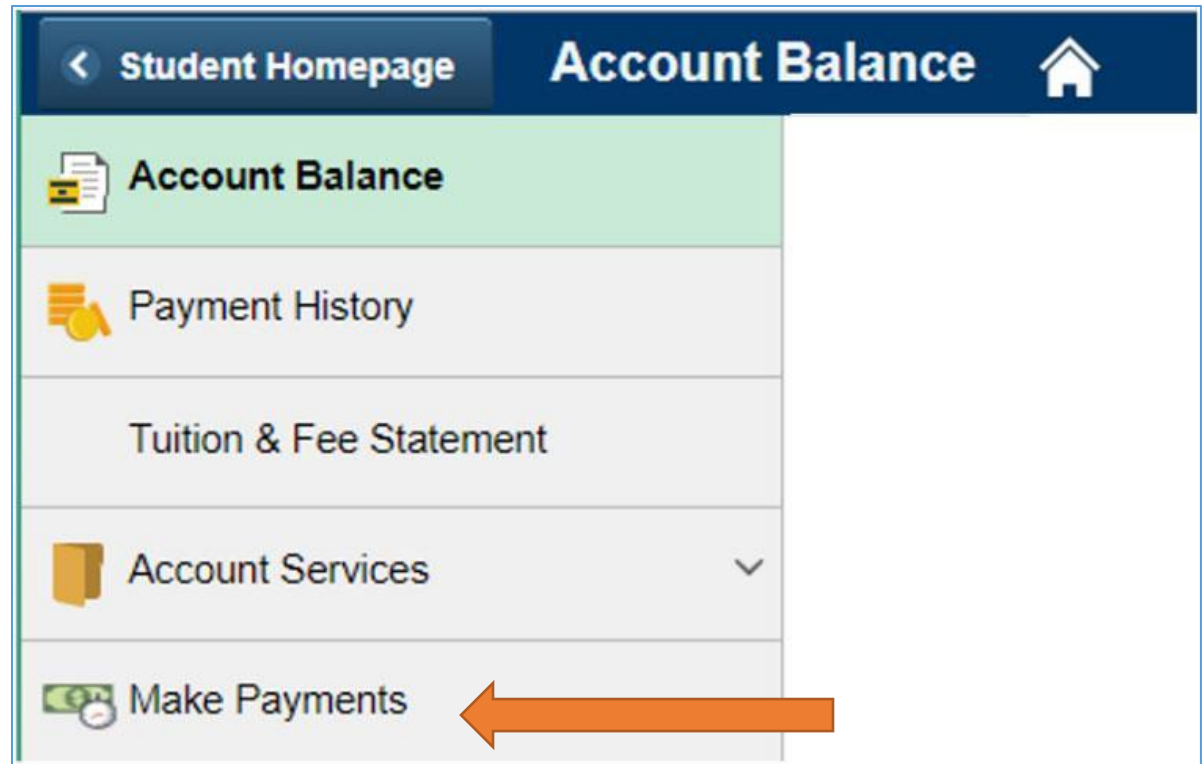
2. Click on “Student”



3. Click on “Financial Account”



3. Click on “**Make Payment**”



For questions regarding payment, payment plans, reimbursements please refer to the business office.

**Business Office phone:**

936.273.7214

**Business Office website:**

<http://www.lonestar.edu/lsc-business-offices.htm>