



- Allen Park
- Auburn Hills
- Cadillac
- Clinton Township
- Flint
- Jackson
- Muskegon
- Owosso
- Port Huron
- Online

Name: _____ UIN: _____

Last
First
Middle

Email Address: _____ Phone: (____) _____

Address: _____

Number and Street
City
State
Zip Code

Social Security Number: ____ - ____ - ____ Birthdate: ____ / ____ / ____

Month
Day
Year

High School: _____ Graduation Year: _____

To the High School Principal or Designee:

The student is eligible to enroll in the following course(s) at Baker College during the selected semester:

Fall (August/September) Spring (January) Summer (June) Year _____

The student will be registered for the courses listed below:		
Course Code and Title (ENG 1010 Composition I)	Course Times (9:30 – 10:45 AM)	Day(s) (M,W)

I certify that the above-named student meets all of the conditions outlined in the Postsecondary Enrollment Options Act, 1996 PA 160, as amended by 2010 PA 134, and is currently eligible for Dual Enrollment at Baker College. The principal/designee's signature meets the dual enrollment requirement of a letter from the student's principal indicating dual enrollment eligibility.

I acknowledge that our district is responsible for the actual charge of tuition and fees. It is understood that Baker College will transmit an invoice detailing the tuition and fees of the above named student to the school district as listed below.

Non Public School. Please send invoices to Michigan Department of Education.

Responsible School District _____

Invoice the school district for books up to \$ _____

Billing Contact _____ Email Invoices To _____

Student Signature: _____ Date: _____

Principal or Designee Printed Name: _____ Title _____

Principal or Designee Signature: _____ Date: _____

Parent Signature (Optional): _____ Date: _____

To the Home School Student and Parent:

The tuition and materials/books are the responsibility of the student/parent.

Home School Parent Printed Name: _____

Home School Parent Signature: _____ Date: _____