



POTTSTOWN
SCHOOL DISTRICT

HIGH SCHOOL

N. Washington Street • Pottstown PA 19464 • (610) 970-6700 • FAX (610) 970-1363
www.pottstownschoools.com

A High School That Works

TO: Prospective Dual Enrollment Student
FROM: Stephen J. Rodriguez, Principal
DATE: 2009-2010 School Year
RE: Dual Enrollment Agreement

The Dual Enrollment Program at Pottstown High School allows students who qualify (see Program of Studies for details) to take a class at a local college and receive credit both at high school and at the college (*note: college courses are weighted with the same 1.25 multiplier used for Advanced Placement courses, which results in a higher GPA on PHS transcripts*). **The student is responsible for full cost of attendance which includes: tuition, fees and textbooks. The payment of tuition and fees are required at the time of registration.** The district will reimburse tuition and fee costs to the student based on the award amount received through the Dual Enrollment Grant from the state. The student will also receive a maximum \$50 dollar book credit. Reimbursement checks will only be issued to those students earning a “C” or better and when the grant money is released to the district.

Participation in this program is one of the highest academic privileges students can attain. Therefore, both student and parents MUST agree to the following in order to take part in the program:

- Follow all procedures and directions as set forth by the college and high school as appropriate to the program.
- Remain in good standing with both schools, both academically and behaviorally.
- Attend all classes at both schools. Retain a “C” in all classes at both schools

FAILURE TO ABIDE BY ALL THE STIPULATIONS ABOVE WILL RESULT IN RETROACTIVE STUDENT ASSUMPTION OF ALL TUITION AND BOOK COSTS, DISCIPLINARY ACTION AND/OR LOSS OF ELLIGIBILITY IF APPROPRIATE, AND/OR A PERMANENT WITHDRAWAL FROM THE DUAL ENROLLMENT PROGRAM FOR THE REST OF THE STUDENT’S ACADEMIC CAREER AT POTTSTOWN HIGH SCHOOL.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____

Counselor Signature _____ Date: _____