

Fall 2016-17 Online Enrollment Form

Students: Please fill out form completely. PRINT legibly. The information must be accurate so that you will receive credit for your dual credit class(s).

Students: Information Released to Individuals, Family Members: (FERPA)

By law, Drury University officials are not permitted to give any information to any person, including a student's parents and/or guardians, about the student's 1) academic progress, including grades 2) payment status or financial aid or 3) personal development or disciplinary matters. However, it is often the student's wish that information be released to their parents or other designated individuals who may seek information from the university.

Your signature on this enrollment form indicates consent allowing the above information to be made available to your parents, relatives, or other parties.

Parents: Your signature is required. We cannot enroll any student without a parent signature. Please check all information completed on this form before your sign. PLEASE MAKE SURE THE MAILING ADDRESS IS THE CORRECT ADDRESS: THE ADDRESS IN WHICH YOU RECEIVE MAIL.

PARENTS: You are responsible for payments for all courses in which your child enrolls. Your payment in full or payment plan through Drury's Nelnet option is due within two weeks after the online semester begins.

*****There is no refund of dual credit tuition once your student logs into his/her courses. *****

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**ADDRESS MUST BE YOUR MAILING ADDRESS.
YOUR DRURY ID# IS SENT TO THE ADDRESS YOU LIST**

Last Name _____ First Name _____

Middle Name _____ Gender Male Female

SSN ____ - ____ - ____ Date Of Birth _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

.....

Parent Home Phone (____) _____ Parent Cell Phone (____) _____

Parent Email _____

Student Email _____

Grade Level SR JR SO FR

ACT/PSAT/SAT Composite Score _____

Cumulative GPA _____

To comply with U.S. Department of Education reporting requirements:

Please select one ethnicity: Hispanic/Latino Non-Hispanic/Latino

Please select all races that apply:

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Student Signature

Counselor Signature

Parent Signature

Date

For office use only

Cash _____ Check _____

Check no. _____ Name _____ Amount \$ _____