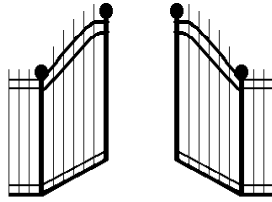


Gateway Christian Schools

Dr. Leo Crofford
Founder

Mr. Greg Stablein
Coordinator



P.O. Box 280117
Memphis, TN 38168-0117
(901) 454-1606
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Dual/Joint Enrollment Form

(This form *must* be filled out in order for Gateway high-school students to take college classes.)

Attach a copy of the course description from the college catalog.

Student's Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone(_____) _____ Student's Grade Level _____

Semester: _____/Year: _____ Parent Signature/Date: _____ / _____

School where student plans to take college classes: _____

<u>College Course Title</u>	College Course #	College Credit	<u>High-School Course Title</u>	For office use* HS Credit

*A Gateway Counselor will determine if courses merit high-school credit. See Dual Enrollment Guidelines.

Must be signed by Gateway Counselor: _____ Date: _____