



**Headlands Preparatory School
Request for Authorization of Concurrent Enrollment**

_____, a student of _____ High School, is requesting concurrent enrollment at Headlands Preparatory School for the academic year of _____. As a concurrent enrollee, the above named student will take the following courses at Headlands Preparatory School:

Course 1 _____ for: Semester 1 ____ Semester 2 ____ or Full Year ____

Course 2 _____ for: Semester 1 ____ Semester 2 ____ or Full Year ____

Course 3 _____ for: Semester 1 ____ Semester 2 ____ or Full Year ____

_____, the above named student's primary school, agrees to accept the course(s) listed above and will assume responsibility for maintaining student records and updating transcripts to reflect these courses completed at Headlands Preparatory School. Headlands Preparatory School will provide the student with an official, sealed transcript of all courses completed through our program.

Signature of Headlands Preparatory School Representative

Date

Signature of Primary School Representative

Date

Printed Name of Primary School Representative

Date