



CONCURRENT ENROLLMENT AUTHORIZATION

STUDENT NAME: _____

SCHOOL OF RECORD: _____

The above-named student requests concurrent enrollment at Headlands Preparatory school for the 2025-2026 Academic Year. As a concurrent enrollee, the student will take the following courses:

COURSE NAME	LENGTH OF COURSE
	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Full Year
	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Full Year

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

HEADLANDS PREPARATORY SCHOOL

Dan Rogoff, Head of School

Date

SCHOOL OF RECORD

Signature

Date

Printed Name

It is the sole responsibility of the student's parent/guardian to submit this form to the student's school of record and return the signed form to Headlands Preparatory School. Failure to do so may result in the student not receiving credit from their school of record for courses taken while a concurrent enrollee at Headlands Preparatory School.