

**GASTON COLLEGE  
CONTINUING EDUCATION  
DUAL ENROLLMENT FORM**

***Please Print:***

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Have you taken a course(s) at Gaston College before?     Yes     No

Register for the following non-credit course(s) for \_\_\_\_\_:  
Semester/Year

1. \_\_\_\_\_ 2. \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

High School Principal/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Gaston College Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 05.14.12

