

## Michigan Virtual & Dual Enrollment Request Form

Michigan Lutheran High School  
615 E. Marquette Woods Rd.  
St. Joseph, MI 49085

Contact: Terri Elder  
Email: [telder@michiganlutheran.org](mailto:telder@michiganlutheran.org)  
269-429-7861, Ext. 203

ML student must meet with the Guidance Counselor to determine eligibility into Michigan Virtual and/or Dual Enrollment first and then fill out the top portion of this form. The Guidance Counselor will fill out his/her portion of the form and then return it to the student. The student will then need to take the form with them to enroll in either Michigan Virtual and/or Postsecondary Institution for Dual Enrollment courses.

**The Guidance Department will need confirmation of acceptance into Michigan Virtual Academy and/or Postsecondary Institute in order for the student to get elective credits.**

*This section is to be completed by the student and parent/guardian.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Program (circle one):                      Michigan Virtual Academy                      Dual Enrollment

Postsecondary Institution: \_\_\_\_\_

Course(s): \_\_\_\_\_

By signing below, you are giving permission for your student to apply for a course either online or off campus.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*This section to be completed by the ML Guidance Department.*

Students Test Score: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guidance Signature: \_\_\_\_\_ Date: \_\_\_\_\_