

**Enrollment Date**

Term                      Year  
 Fall                      \_\_\_\_\_  
 Spring                      \_\_\_\_\_  
 Summer                      \_\_\_\_\_



**Emmanuel**  
 COLLEGE

**Ethnic Origin (optional)**

Asian                       Hispanic  
 Black/African                       Multi-racial  
 Caucasian                       Other

# DUAL ENROLLMENT APPLICATION

**1. General Information**

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Gender:  M  F

\_\_\_\_\_  
 Last Name                      First Name                      Middle                      Preferred Name

\_\_\_\_\_  
 Mailing Address                      City                      State                      Zip                      County

\_\_\_\_\_  
 E-mail address                      Cell phone

Enrollment Status:  Full-time  Part-time      Major: \_\_\_\_\_

**2. Parental Information**

\_\_\_\_\_  
 Full Name(s)

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

Check One:  Parent  Legal Guardian      Home Phone: \_\_\_\_\_      Cell: \_\_\_\_\_

**3. High School Information**

Check One:  High School  Home School      Projected Graduation Date: \_\_\_\_\_

\_\_\_\_\_  
 High School                      City                      State                      Zip

List any other colleges from which you have earned dual enrollment credit. Official transcripts must be sent to EC in order for this application to be processed.

\_\_\_\_\_  
 College                      City, State                      Dates Attended

\_\_\_\_\_  
 College                      City, State                      Dates Attended

**4. Emmanuel College Information**

How did you first hear about Emmanuel College? \_\_\_\_\_

Please list the names & relationship of others in your family who attend(ed) Emmanuel.

\_\_\_\_\_  
 \_\_\_\_\_

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Name of church you attend

Denomination (IPHC, Baptist, etc)

Please select the type of church you attend:

Assemblies of God

Baptist

Catholic

Church of God

Congregational Holiness

Episcopalian

International Pentecostal Holiness (IPHC)

Presbyterian

Non-denominational

No Religious Affiliation

Other: \_\_\_\_\_

## 5. Meningococcal Notice

Following is the State of Georgia legislation concerning meningitis information and vaccination for college students.

“Every public and nonpublic postsecondary educational institution shall provide to each newly admitted freshman or matriculated student residing in campus housing as defined by the postsecondary educational institution, or to the student’s parent or guardian if the student is a minor, the following information:

- Meningococcal disease is a serious disease that can lead to death within only a few hours of onset; one in ten cases is fatal; and one in seven survivors of the disease is left with a severe disability, such as the loss of a limb, mental retardation, paralysis, deafness, or seizures;
- Meningococcal disease is contagious but a largely preventable infection of the spinal cord fluid and the fluid that surrounds the brain;
- Scientific evidence suggests that college students living in dormitory facilities are at a moderately increased risk of contracting meningococcal disease; and
- Immunization against meningococcal disease will decrease the risk of the disease.”

The meningococcal meningitis vaccine is 85 to 100 percent effective against four of the five most common strains of the bacteria that cause meningococcal meningitis and studies show that up to 80% of cases on college campuses are vaccine preventable.

## 6. Agreement

For the application to be considered, the candidate and his/her parents or legal guardian must read and agree to the following statements.

1. I understand my admission and subsequent enrollment to Emmanuel College depends upon the accuracy of the information provided on this application. I understand any falsification, misrepresentation, or omission of facts will result in the forfeiture of my admission to the college.
2. I understand the Emmanuel College reserves the right to rescind admission if social media posts not consistent with the values associated with the college are brought to attention.
3. I understand that Emmanuel College may occasionally photograph or record students. I give permission for my image to be used in print, video, other media by the college for promotional purposes.
4. I understand that the Emmanuel College Code of Conduct addresses both academic and non-academic misconduct and is an integral part of the Emmanuel College community. I understand that Emmanuel seeks to communicate Christian values and lifestyles which reflect the wholesome tradition of the institution and the ideals of the administration, faculty, and staff. To this end, Emmanuel College sets forth disciplinary procedures that apply when misconduct by a student is alleged to have occurred. I also affirm, if I enroll as a dual enrollment student, I will abide by the community life philosophy of Emmanuel College and the policies of the college outlined in the student handbook, available for download online. Guidelines include, but are not limited to:
  - a. The use of illegal drugs, alcohol, and tobacco is prohibited.
  - b. Immorality (sexual acts that are not in congruence with biblical teaching) is prohibited.
  - c. A reasonable dress code is in place.
  - d. Residency requirements must be followed if living on-campus.
5. I have read the law concerning meningococcal disease and understand the risks involved if contracted. I hereby release Emmanuel College from liability should I become infected and choose to not receive vaccination by a physician or health department OR I have received vaccination against meningococcal disease not more than 5 years prior to the first day of enrollment at Emmanuel College.
6. I hereby certify that all statements on this application are true and correct.

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Signature of Applicant

Date

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Signature of Parent or Legal Guardian

Date

Return to: Emmanuel College • Registrar’s Office • PO Box 129 • Franklin Springs, GA 30639 • [cacree@ec.edu](mailto:cacree@ec.edu)