



Lake Sumter  
State College

**DUAL ENROLLMENT SIGNATURE PAGE**  
**FOR PERSONALIZED EDUCATION PROGRAM (PEP) STUDENT**  
**2026-2027**

Name of Student: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Personalized Education Program Official (PEPO) Name: \_\_\_\_\_  
*This can be a parent, guardian, or other individual responsible for overseeing student's educational progress.*

PEPO Email: \_\_\_\_\_ PEPO Phone: \_\_\_\_\_

\*\*\*\*\*

Please **enter your initials** for each statement to indicate that you agree to the following terms.

**High School Graduation Date**

The graduation date listed on the dual enrollment application indicates the end of dual enrollment eligibility at LSSC. This end date cannot be changed, even if the student's graduation date is changed at a later time.

I understand and agree to these terms.

**Annual Agreement Review and Renewal**

After admittance into the dual enrollment program, the student will be sent a new agreement each spring to review any changes. Student must sign and renew agreement by stated deadline to enroll the following fall.

I understand and I agree to these terms.

**By signing this agreement, I certify the following:**

- I am enrolled in the Personalized Education Program and can provide proof of enrollment in the dual enrollment application.
- I have read and agree to all the terms as indicated in the document titled *"DUAL ENROLLMENT AGREEMENT BETWEEN PERONALIZED EDUCATION PROGRAM DUAL ENROLLMENT STUDENT AND LAKE-SUMTER STATE COLLEGE DISTRICT BOARD OF TRUSTEES 2026-2027"*.

\_\_\_\_\_  
Student Name (Printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
PEPO Name (Printed)

\_\_\_\_\_  
PEPO Signature

\_\_\_\_\_  
Date

John Temple  
\_\_\_\_\_  
LSSC President Name (Printed)

Signed by:  
  
\_\_\_\_\_  
LSSC President Signature

6/3/2026  
\_\_\_\_\_  
Date