



CollegeCredit PLUS



Letter of Intent to Participate in College Credit Plus

PLEASE PRINT

Date _____

AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE SCHOOL DISTRICT SUPERINTENDENT TO PARTICIPATE.

Student Name _____

Parent/Guardian Name _____

Home Address _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

Parent Phone Number (Day) _____ (Evening) _____

Parent Email Address _____

Student Contact Info _____

School _____ Grade _____

I would like to declare my intent to participate in the College Credit Plus Program. I understand that signing this form does not require that I participate during the coming school year and I may decide not to participate without consequence. I also understand that it is my responsibility to notify my school if I do not gain admission to my selected institution of higher education or choose not to participate for some other reason.

In addition, I agree to attend a scheduled counseling session about the College Credit Plus Program concerning the rules and regulations for both my school and the college. This session will explain the responsibilities, benefits and possible risks of participating in the College Credit Plus Program.

Student Signature _____

Parent Signature _____

Office Use Only:

Date Received: _____

Student Signature _____

Counselor Signature _____