

REVISED FORM - VOL. 36, NO. 1**LETTER OF INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS**

Please Print

Date: _____

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

Student Name: _____

Parent/Guardian Name: _____

Home Address: _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

☐ Parent Phone Number (Day) _____ (Evening) _____☐ Parent E-mail 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 certify that I have received counseling about the College Credit Plus Program concerning the rules and regulations for both my school and the college, and that I understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus Program.

Student Signature: _____

Parent Signature: _____