



## Intent to Participate in College Credit Plus 2020-2021 School Year

PLEASE PRINT

Date \_\_\_\_\_  
**AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE HIGH SCHOOL PRINCIPAL 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 a college or choose not to participate in the program.

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.

*Please sign and return this form to the high school by **April 1, 2020.***

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

Parent Signature \_\_\_\_\_