



**AGREEMENT FORM**

**I hereby certify that my son/daughter has been informed of the College Credit Plus Program now available to high school students. I also understand my responsibilities as parent/guardian with my son/daughter’s participation in this program.**

**I have been informed of the following: program eligibility, process for granting credit, financial arrangements (tuition, books, materials, and fees), criteria for transportation aid, available support services, scheduling, consequences of failing, students’ academic and social responsibilities, graduation requirements, use of college counseling services, and other questions to be answered based on available information.**

**I have attended the mandatory College Credit Plus meeting on February 21, 2018. This meeting is mandatory for those students who did not participate in the College Credit Plus program in the 2018-2019 school year.**

**I understand that if my son/daughter receives an “F” in a College Credit Plus class or withdraws from a CCP class after the deadline; the student and/or student’s parent/guardian will be financially responsible for the cost of the course.**

**I am aware that legislation creating College Credit Plus is subject to interpretation and may change the initial information provided.**

\_\_\_\_\_  
**Student’s Name (Please Print)**

\_\_\_\_\_  
**Parent/Guardian Signature (Please Print)**

\_\_\_\_\_  
**Student’s Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Student’s Grade**

\_\_\_\_\_  
**Date**