



Intent to Participate in College Credit Plus

Academic Year 2024 – 2025: Public Schools

| | |
|---------------------------------|--|
| Date* | |
| School Name | |
| Student Name | |
| Student Grade in 2024 – 2025 | |
| Parent/Guardian Name | |
| Home Address | |
| Parent Phone Number | |
| Parent Email Address | |
| Student Phone Number | |
| Student Email Address | |

**After April 1, you will need permission from the school principal to participate.*

Declaration of Intent

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 upcoming 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 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 secondary school by April 1.

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|-------------------|--|
| Parent Signature | |
| Student Signature | |
| Date | |