

LOUISIANA TOPS TECH JUMP START CAREER DIPLOMA PATHWAY PARTICIPATION FORM

Before a student chooses to participate in the Jump Start Career Diploma pathway, the **student, the student's parent or guardian, and the school counselor or administrator** shall meet to discuss the student's progress and determine what is in the student's best interest for the continuation of his/her educational pursuit and future educational plan.

Conference Documentation

Student Name: _____ Parent(s)/ Guardian(s): _____

Attending Counselor: _____ School Name: _____

Date student entered (*as a first-time freshman*): ___/___/___ Jump Start Pathway: _____

Both parent and student must initial the following required statements:

Parent Student

_____ _____ I understand that this student will graduate without completing the Louisiana TOPS University College Curriculum and I further acknowledge the following:

_____ _____ I understand that this student is eligible to enter a community or technical college upon graduation and may be eligible to enter a 4-year college /university after earning an associate degree.

_____ _____ I understand this student must earn the following 23 required credits (academic – 12; health/physical education – 2; Jump Start Pathway courses – 9) including all EOC requirements **AND** industry-based certifications associated with this student's Jump Start Pathway to earn a high school diploma.

_____ _____ I understand this student has the option to return to the Louisiana TOPS University College Curriculum in consultation with the parent(s)/guardian(s) and school counselor.

For Adult Students Only

_____ I, being **18 years of age or older and having attended high school for two years**, am requesting enrollment in the Louisiana TOPS Tech Jump Start Career Diploma Pathway and I understand **and** have initialed the above statements.

_____ I further attest that my parents have been notified of my decision and the consequences.

I have read and initialed all the above statements and agree that enrollment in the Louisiana TOPS Tech Jump Start Career Diploma Pathway is in the student's best interest for the continuation of his/her educational pursuit and future educational plans. Further, I have in no way been coerced or persuaded to enter into this agreement.

Student's Signature _____

Parent(s)/ Guardian(s) Signature _____

Counselor's Signature _____

Principal Verification: I acknowledge that this student and his/her parent(s)/guardian(s) have been appropriately counseled about the implications of this decision.

Principal's Signature _____

Date _____