



INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS
PUBLIC SCHOOLS

Form with fields: Please Indicate the Academic Year for which this Intent Form is for, School Name, Student Name, Student Grade Level Next Year, Parent/Guardian Name, Home Address, Parent Phone Number, Parent Email Address, Student Phone Number, Student Email Address

Select Date of Submission section with radio buttons for April 1st and November 1st, and a disclaimer paragraph.

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 or the next semester or term, 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 the deadline period selected above.

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

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