Department of Higher Education

College Credit Plus

INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS

PUBLIC SCHOOLS

Date *After April 1, you will need permission from the school principal to participate.*	
School Name	Norwayne High School
Student Name	
Student Grade Level Next Year	
Parent/Guardian Name	
Home Address	
Parent Phone Number	
Parent Email Address	
Student Phone Number	
Student Email Address	

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.**

Parent Signature _____

Student Signature _____

Date _____