

LOUISIANA TOPS TECH JUMP START CAREER DIPLOMA PATHWAY PARTICIPATION FORM

Student Name

Parent/ Guardian Name

Attending Counselor

School Name

Date Student Entered 9th Grade

Jumpstart Pathway

Both the parent/guardian and student must initial the following statements.	Parent Initials	Student Initials
The student’s progress and future education plan have been discussed, and the 5-year IGP (Individual Graduation Plan) has been revised. I understand that the student will graduate without completing the Louisiana TOPS University College Curriculum.		
I understand the 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’s degree (2 years).		
I understand that the student must earn the following 23 required credits : English- 4, Math-4, Science-2, Social Studies-2, Health/PE- 2, Jumpstart Pathway Electives- 9.		
I understand that the student must meet Leap 2025 requirements: Pass the English, Math and Science/Social St. requirements. The student must also earn an industry-based certification/credential in their Jumpstart Pathway.		
I understand the student has the option to return to the TOPS University College Curriculum in consultation with the parent/guardian and school counselor. This may affect the student’s projected graduation date.		

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

Student Signature

Date

Parent/Guardian Signature

Date

Counselor Signature

Date

Principal Verification: I acknowledge that this student and their parent/guardian have been appropriately counseled about the implications of this decision.

Principal Signature

Date