



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.

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