



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	
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	
<p>Please sign and return this form to the secondary school by April 1.</p>	
Parent Signature	
Student Signature	
Date	