



# Department of Higher Education

College Credit Plus

## INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS

### PUBLIC SCHOOLS

<b>Date</b> <i>After April 1, you will need permission from the school principal to participate.</i>	
<b>School Name</b>	<b>Wayne Local Schools</b>
<b>Student Name</b>	
<b>Student Grade Level Next Year</b>	
<b>Parent/Guardian Name</b>	
<b>Home Address</b>	
<b>Parent Phone Number</b>	
<b>Parent Email Address</b>	
<b>Student Phone Number</b>	
<b>Student Email Address</b>	

## 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 \_\_\_\_\_