

**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	