



## Letter of Intent to Participate in College Credit Plus

PLEASE PRINT

Date \_\_\_\_\_  
AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE HIGH SCHOOL PRINCIPAL TO PARTICIPATE.

Student Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

Parent Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Student Contact Info \_\_\_\_\_

School Bloom-Carroll High School \_\_\_\_\_ Grade \_\_\_\_\_

2020-2021  
School Year

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 coming 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 high school by April 1.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_