



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 _____

Grade _____

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 _____

CollegeCredit PLUS

Risks:

1. I understand the consequences of failing or not completing a course and the effect of the grade attained on the high school grade point average as well as the requirement of the student and/or parent to repay Triad Local School District for the cost of the failed OR withdrew class(es).
2. I understand that the textbooks are the property of Triad Local Schools, (excluding students attending Urbana University) and that when I receive my textbooks I must bring the receipt and textbook to the High School Library to be logged and inventoried. These textbooks must be returned to the school by the end of the semester or the replacement cost paid. If I fail to do so I understand the grade will be withheld from my transcript.
3. I understand that Triad cannot work around my college schedules at all times.
4. I understand that I am starting my college transcript by taking College Credit Plus courses and that the grades I earn will follow me.
5. I understand that not all my classes may transfer when I choose my college upon completion of high school.

Please sign and return this form to the high school by April 1.

Parent Name (Print) _____ **Signature:** _____ **Date:** _____

Student Name (Print) _____ **Signature:** _____ **Date:** _____