



BETHEL LOCAL SCHOOLS

College Credit Plus – Intent to Participate

Date _____ (Not later than April 1st to participate in the following school year)

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 (next Fall) _____

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 in 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 for some other reason.

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. This information/counseling included the following:

1. Program eligibility
2. Options available
3. Finance
4. Academic credits
5. Transportation
6. Scheduling
7. Grade point averages
8. Graduation requirements
9. Academic and Social Responsibilities
10. Students with ability should consider participating!

I understand that this *Intent to Participate* must be on file with the Counseling office by April 1st in order to participate in College Credit Plus in the following school year.

Student Signature _____ Date _____

Parent Signature _____ Date _____