



Intent to Participate in College Credit Plus Academic Year 2023-2024

***AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE SCHOOL DISTRICT SUPERINTENDENT TO PARTICIPATE.

Date	
School Name	Sheridan High School
Student Name (First and Last Name)	
Student Grade Level 2023-2024	
Parent/Guardian Name	
Home Address	
Parent Phone Number	
Parent Email Address	
Student Phone Number	
Student Email Address	

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 for some other reason.

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. I understand that college course grades will be added and will affect the high school grade point average. I understand that if I drop a class after the 14th day of the semester or fail a course, I will be required to reimburse the Northern Local School District for fees associated with the course. In addition, I agree to consult with the School Counselor about available college textbook inventory before obtaining textbooks from the college bookstore for classes on the college campus. If I decide to take courses on the college campus, it is my responsibility to provide my own transportation. Books that have been bought by the Northern Local School District are required to be returned to the School Counselor after each semester has been completed.

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

Student Signature _____ Date _____

Parent Signature _____ Date _____