



Old Fort Junior High and High School
Letter of Intent to Participate in College Credit Plus
for the 2019-20 School Year

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 Email _____

Circle 19-20 School Year Grade: 7 8 9 10 11 12

I would like to declare my intent to participate in the College Credit Plus program in
conjunction with the following institutions: _____

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 office by April 1, 2019

Student Signature _____

Parent Signature _____