

**A+ Participation Agreement**

**Cameron High School**

**PLEASE PRINT**

**Student Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_\_**

**Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you transfer from another high school? Y or N**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT AND PARENT AGREEMENT SECTION:**

I wish to participate in the Cameron High School A+ Program. My signature indicates that I understand the state payments for tuition and general fees are subject to state budgeting processes and are dependent upon the availability and appropriation of funds by the Missouri General Assembly.

**AS A STUDENT, I AGREE TO COMPLETE THE FOLLOWING A+ SCHOOLS PROGRAM REQUIREMENTS:**

1. The student and his/her parent have signed an A+ Participation Agreement.
2. Attend a designated A+ School for two (2) of the four (4) years prior to graduation.
3. Graduate with a minimum, cumulative, unrounded GPA of 2.50.
4. Graduate with a minimum, cumulative Attendance Rate of 95%.
5. Score Proficient or Advanced on the Algebra I (or another higher level math) state EOC Test.
6. Maintain a record of good citizenship at school and in the community.
7. Avoid the use of illegal drugs, alcohol, and tobacco.
8. Successfully complete 50 hours of unpaid Peer Tutoring (12.5 hours can come from job shadowing, but not required).
9. Register with selective services if required to do so by law.
10. Complete and submit FAFSA during senior year.

**TO MAINTAIN A+ ELIGIBILITY IN A MO COMMUNITY COLLEGE OR PUBLIC VO-TECH SCHOOL, I UNDERSTAND THAT:**

1. I must be registered as a FULL-TIME STUDENT as defined by the college.
2. I must be working toward the completion of an approved Program of Study.
3. I must maintain a cumulative, minimum, unrounded GPA of 2.50.

\_\_\_\_\_ **YES**, I have read the A+ Requirements and I would like to participate in the A+ Schools Program.

\_\_\_\_\_ **NO**, I have decided **NOT** to participate in the A+ Schools Program.

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 **Student Participant Signature Parent/Guardian Signature**

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**CHS A+ Coordinator Signature Date**