

# Woodridge Local School District

## LETTER OF INTENT TO PARTICIPATE IN COLLEGE CREDIT PLUS

Please Print

Date: \_\_\_\_\_  
AFTER APRIL 1st, YOU WILL NEED PERMISSION FROM YOUR PRINCIPAL TO PARTICIPATE.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

Parent Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Parent E-mail 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 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.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

6/16/15  
4/24/18