

# Woodridge Local School District

## COLLEGE CREDIT PLUS CLASSROOM STUDENTS

The undersigned, \_\_\_\_\_, are the parent(s) of \_\_\_\_\_, a student enrolled at the \_\_\_\_\_ School. \_\_\_\_\_ **[Student's Name]** is placed in one or more College Credit Plus classrooms but is not enrolled in a college or university and is not participating in the College Credit Plus program.

The parents and student hereby represent and agree as follows:

- A. \_\_\_\_\_ **[Student's Name]** is not earning college credit from the course(s) taken in the College Credit Plus classroom(s).
- B. We hereby understand and agree that \_\_\_\_\_ **[Student's Name]** will likely be required to retake the course upon enrollment at an institution of higher education if college credit is desired.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parents/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Parents/Guardian

\_\_\_\_\_  
Student (Child)

6/16/15