Department of Higher Education
College Credit Plus

Intent to Participate in College Credit Plus

Academic Year 2027 – 2028

Date*	
School Name	Triway Local Schools
Student Name	
Student Grade in 2027 – 2028	
Parent/Guardian Name	
Home Address	
Parent Phone Number	
Parent Email Address	
Student Phone Number	
Student Email Address	

*****_After April 1, you will need permission from the school principal to participate._

Declaration of Intent

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 upcoming 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 School Counseling Office by April 1.

Parent Signature	
Student Signature	