



MILFORD HIGH SCHOOL

College Credit Plus

STATEMENT OF INTENTION TO PARTICIPATE

We have participated in the district's counseling program for students, and parents of students, who wish to enroll in College Credit Plus. We understand both the potential positive and negative consequences that could result from such participation and take full responsibility for the decision. We understand that it is our responsibility to make the arrangements with the college and meet their deadlines.

This is to certify that I have received the information and counseling related to College Credit Plus. This information and counseling include the following:

1. Program Eligibility
2. Academic Credits
3. Graduation Requirements
4. Athletic Eligibility
5. Academic and Social Responsibilities
6. Failing a Course
7. Grade Point Average
8. Benefits/Risks of the Program

By signing below, I understand the responsibilities I must assume by participating in College Credit Plus.

This is to serve as notification that I intend to participate in College Credit Plus. I understand it is my responsibility to notify Milford High School if I do not gain College Credit Plus admission or fail to participate for any reason. I also understand I will assume all financial responsibility upon failure of any and all college courses taken and/or withdrawing from a course past the college deadline. This will also include the cost of books.

Statement of Intent should be returned the Guidance Office no later than March 31, 2015.

_____		_____	_____
Student Name (Print)		Student Signature	Grade
_____		_____	
Parent /Guardian Signature		Daytime Telephone Number	
_____		_____	
Street Address	City and Zip Code	Parent Email Address	

School of choice for College Credit Plus _____

_____	_____
Counselor Signature	Date