



**Edison High School College Credit Plus
Intent to Participate Form 2019-2020**

Student Name_____ **Graduation Year**_____

Home Address_____

Student Phone Number_____ **Student E-mail**_____

Parent/Guardian

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 high school if I do not gain admission to my selected institution of higher education or choose not to participate for some other reason.

College Credit Plus students are college students and subject to the federal Family Education Rights and Privacy Act (FERPA). For regular college students, this means that college records are not released to anyone, even parents, without written permission from the student. For College Credit Plus students, the high school and the college may exchange information. For those students taking college courses at Edison High School, progress monitoring will be conducted via ProgressBook.

I agree to follow the enrollment procedures established by Edison Local Schools and the college/university to which I am applying. I have received counseling about this program, which included:

- Potential benefits, risks and consequences
- Program eligibility
- Process for granting credit
- Consequences of failing
- Graduation Requirements
- Academic and social responsibilities of students and parents/guardians for participation

Student Signature_____ **Date**_____

Parent Signature_____ **Date**_____

This form must be returned to the Guidance office no later than April 1, 2019.

For Office Use Only:

ACT/SAT Composite _____ Date _____ Accuplacer Score _____ Date _____