

Claymont City Schools

College Credit Plus - Intent to Participate Form

2018-2019 School Year

Students who plan to participate in College Credit Plus during the 2018-2019 school year ***MUST*** complete this form and return it to Lauren Castello, CHS counselor, by ***Friday, April 1, 2018.***

Student's Name	
Date	____/____/____
18-19 School Year Grade Level	<input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th

This is to certify that I have been provided the opportunity to obtain information and counseling related to College Credit Plus. This information and counseling included 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 Claymont Schools 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 of 14 days.

Student's Signature	
Parent's Signature	

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OFFICE USE ONLY	Form Received by CHS Counselor _____ On _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> (Initials) (Date) </div>
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