

**FREMONT ROSS HIGH SCHOOL
COLLEGE CREDIT PLUS PARTICIPATION**

Student Name _____ Date of Birth: _____

Students' grade _____ for the _____ school year

Parent/Guardian Name _____ DATE: _____

Home Address _____ Phone _____

Email Address _____

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

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.

Student Signature _____

Parent Signature _____

*After April 1, student will need permission from the Superintendent to participate.

