**Intent to Participate in College Credit Plus**

**Academic Year 2025 – 2026: Hardin Community School**

|  |  |  |
| --- | --- | --- |
| Date\* |  |  |
| School Name |  |  |
| Student Name |  |  |
| Student Grade in2025 – 2026 |  |  |
| 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 secondary school by April 1.

|  |  |
| --- | --- |
| Parent Signature |  |
| Student Signature |  |
| Date |  |