



## Letter of Intent to Participate in College Credit Plus for Students

Complete this form and submit to the School Counselor's Office by March 31st.

PLEASE PRINT:		
Student Name		_
Parent/Guardian Name		
Home Address		
PLEASE INDICATE PREFERRED METHOD OF	CONTACT:	
Parent Phone Number (Day)	(Evening)	_
Parent Email Address		
Student Contact Info		(most checked email)
Grade Level		_
	pate in the College Credit Plus program during trequire me to participate during the 2020-21 ence.	
funding required to support my participati participating institution of higher educatio institution of higher education, it is my res	er of Intent does not guarantee admission to a ion in College Credit Plus. I understand it is my on for admission under College Credit Plus, and sponsibility to obtain, complete and submit an (LCCC, BGSU F	responsibility to apply to a that, upon admission to an Application for College Credit
knowing the benefits and possible risks assurules and procedures affecting earning bot	possible future participation in College Credit P sociated with the College Credit Plus program, th high school and college credit under the pro- return my books to NLHS at the conclusion of m ooks.	including but not limited to the gram. I understand that if I
I also understand that if the class is taught visible by a parent.	at NLHS by a NLHS teacher my grades will be r	reported in DASL and will be
Student Signature	Date:	
Parent Signature	Date:	

Office use	only:	
	Student attended meeting	
	Student and parent attended meeting	
	Parent only attended meeting	
	Did not attend meeting	
	☐ Gave printed copy of powerpoint information on	