

ACKNOWLEDGEMENT OF INFORMATION CONCERNING POSTSECONDARY OPTIONS

SCHOOL DISTRICT _____ DATE _____

This is to acknowledge that we have received the following information from the above-named School District concerning the Postsecondary Options Program. We understand the benefits, risks, and potential positive and negative consequences that could result from such participation and take full responsibility for the decision.

- eligibility for enrollment
- postsecondary institutions and eligible courses
- the decision-making process for granting academic credits
- eligible charges to be paid by the School District and the charges to be assumed by the student/parents
- financial arrangements for paying costs not paid by the School District
- eligibility for payment of all or some of the charges by the School District
- payment by the School District directly to the postsecondary institution upon being billed by the institution
- available support services
- need to arrange an appropriate schedule
- consequences for not completing or failing a course
- effects of postsecondary enrollment on the ability to complete required high school graduation requirements
- opportunity to test out of a high school course in order to qualify as an eligible student for postsecondary enrollment
- academic and social responsibilities to be assumed by the students and my parents

STATEMENT OF INTENT TO PARTICIPATE

We intend to enroll at _____ (college or university) by _____ (date).

Student

Parent

Address

City and Zip

Date

Telephone