



Intent to Participate in Concurrent Coursework

as per

Arizona Revised Statute 15-901.07

Student Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **Age:** _____

High School Currently Attending: _____ **Student ID Number:** _____

Current Grade (circle one): 9th 10th 11th 12th **Number of HS Courses Currently Enrolled In:** _____

Name of College to Provide Concurrent Coursework: _____ **Number of Concurrent Courses to be Pursued During Current Semester:** _____

Titles of Above Concurrent Courses: _____

Parent Name: _____
Last First M.I.

Signature of Parent/Guardian: _____ **Date:** _____

Signature of HS Counselor: _____ **Date:** _____

***Note:** A grade of F or W on the college transcript will not be reimbursed by the school district.