

I, \_\_\_\_\_, am a student at Monticello High School who is participating in the district's postsecondary enrollment option. I state that I am aware of and have read the district's policy on post-secondary enrollment instruction. I further state that I meet all of the requirements outlined in the district's policy on post-secondary enrollment.

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, a student at Monticello High School who is participating in the district's postsecondary enrollment option. I state that I am aware of and have read the district's policy on post-secondary enrollment instruction. I further state that I meet all of the requirements outlined in the district's policy on post-secondary enrollment.

By signing below, you state that you are aware of and in agreement with the board's policy that, if you fail a course taken through concurrent enrollment (at the high school), at any institution with which Monticello Community School District has entered into an agreement and/or for which prior approval has been granted by the district, that prior to graduation you and/or your family will be responsible for repayment to the high school for the cost of that course according to the bill from the post-secondary institution.

For the \_\_\_\_\_ school year, I am agreeing to participate in the following postsecondary educational courses:

Course Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Name \_\_\_\_\_

Course Name \_\_\_\_\_

\_\_\_\_\_  
Student Signature & Date

\_\_\_\_\_  
Parent Signature & Date

Please return this to the High School Office with your registration information.

Approved: 2/24/14

Reviewed and Amended: 2/23/15; 1/22/18