



Boulder Valley School District

File: IGCD-E1

Adopted: March 1998; March 12, 2013

Boulder Valley School District
6500 East Arapahoe Road
Boulder, CO 80303

POSTSECONDARY ENROLLMENT OPTIONS INTENT FORM

PLEASE TYPE OR PRINT LEGIBLY:

Student Name _____

Address _____ City _____

State _____ Zip _____

Telephone _____ Soc. Security# _____

High School _____ Grade _____ Date of Birth _____

Choice of Institution _____

of High School Credits Earned to Date _____

Requested Course Title #1 _____

Course Reference Number (s) _____ Number of Credit Hours _____

Requested Course Title #2 _____

Course Reference Number (s) _____ Number of Credit Hours _____

TERM _____ (year)

Credit

_____ High School

_____ High School & College

Semester

_____ Fall

_____ Spring

Quarter

_____ 1st _____ 2nd

_____ 3rd _____ 4th

I authorize the postsecondary institution to release the above student's grades to the high school of enrollment and to the District Office of Boulder Valley School District. I understand I am responsible for paying tuition costs for courses for up to two classes per semester to be reimbursed by the school district upon proof of successful completion of those courses. I understand that the Postsecondary Options Program is a concurrent program meaning that the student must be enrolled in a minimum of two classes at a district high school while attending an institution of higher learning, and that it is the intention of the student to graduate from high school. **This form must be submitted to the counseling office at least 60 days prior to enrollment at the requested college/university. There will be no exceptions to this deadline (see counseling office for specific semester deadline dates).**

Student Signature_____	Date_____
Parent Signature_____	Date_____

For High School Office Use Only	
Date of parent/student-counselor conference _____	
Principal/Counselor signature_____	
_____ Approved	_____ Denied
Date_____	

End of File: IGCD-E1