

POST SECONDARY ENROLLMENT OPTIONS PARTICIPATION

RULE 3301-44-03

DATE:

SCHOOL:

NAME:

CURRENT GRADE:

This is to serve as notification that I intend to participate in the Post Secondary Enrollment Options Program. I understand that it is my responsibility to notify my school if I do not gain post secondary admission or fail to participate for some other reason.

Student Signature: _____

Parent Signature: _____

*****This form must be completed and returned to Mrs. Books on or before March 30, 2014*****