

Louisiana R-II School District
A+ Schools Program
Intent to Use A+ Benefits Form

Student Name _____

- If you are A+ certified upon graduation, do you intend to use A+ money?

Yes _____ No _____

- If yes, please indicate the name of the A+ eligible college or technical school you plan to attend.

A+ Community College/ Technical School:

- Please note that you have a period of 4 years to use the A+ benefits. Funding is always dependent on state funding.

Please indicate a phone number that is best to reach you over the next few weeks in the event that we need to make contact.

Phone Number(s): _____

Signing this form is not a commitment, it is simply an intent.

Parent Signature _____ Date _____

Student Signature _____ Date _____