TO:

(Name of College or University)

FROM: Lapeer High School

SUBJECT: Verification of Eligibility for Post-Secondary Enrollment

This letter is to verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Lapeer High School, meets the conditions outlined in Public Act 160, has received the prescribed counseling and detailed information, and is currently eligible for post-secondary enrollment in any of the following subjects:

|  |  |  |
| --- | --- | --- |
| College | High School | HS & College |
| Course No. | Course Title | Credits | Term | Credit Earned | | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

The student must choose where credit will be earned. If credit is to be used for high school graduation, the grade must be calculated into the high school GPA.

It is understood that your institution will send written notice to our district and the student indicating the course or courses and hours of enrollment. Your notice to the student will also notify the student of tuition, fees, books, materials, other related charges, and the amount of the eligible charges. It is also understood that following the drop/add period, you will transmit a bill to our district detailing the tuition and fees for this student. **We acknowledge that our district is responsible for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's foundation allowance, adjusted to the proportion of the school year the student attends the post-secondary institution. The student is responsible for the remainder of the tuition and fees, if any. Please use the following address to bill the district:**

Mrs. Michelle Bradford, Director of Curriculum and Instruction

Lapeer Community Schools

250 Second Street, Lapeer, MI 48446

If there are any questions relative to the above, I can be reached at 810-667-2401.

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(Student Signature) (Date) (Parent Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(Counselor's Signature) (Date) (Administrator Signature) (Date)

\*Return Copy to Michelle Bradford