



Intention Form

Waterford Advanced Achievement Endorsement Program

This form should be completed and returned to your counselor by September 15, 2019.

Last Name

First Name

Middle Name

Current School

Current Grade

Current Counselor

Address, City, Zip Code

Parent/Guardian Name

Parent/Guardian Cell Phone Number

Parent/Guardian email

Student email

_____ wishes to pursue the Waterford Advanced Achievement Endorsement on his/her diploma at graduation. We understand the requirements and accept responsibility for ensuring that requirements are met as defined in the intention packet.

Student Signature

Date

Parent Signature

Date

Please share why you are declaring your intention to pursue the Waterford Advanced Achievement Endorsement. Please also share how you have demonstrated the three pillars of Scholarship, Citizenship and Leadership up to now. Please limit your response to 500 words or less.