



Letter of Intent to Participate in College Credit Plus

COMPLETE THIS FORM, SIGN, AND RETURN TO YOUR SCHOOL COUNSELOR PRIOR TO APRIL 1st.

Date _____

STUDENT INFORMATION:

Student Name _____ Grade _____

Parent/Guardian Name _____

Home Address _____

Parent Daytime Phone Number _____

Parent Email _____

Student Email _____

Student Phone Number _____

My signature on this form indicates my intent to participate in the College Credit Plus program. I understand that signing this form does not require that I participate during the coming school year and I may decide not to participate without consequence. I also understand that it is my responsibility to inform my counselor once I am notified and enroll at my selected institution of higher education or if I choose not to participate.

In addition, I certify that I have received counseling about the College Credit Plus program concerning the rules and regulations for both my school and the college, and that I understand my responsibilities, the benefits, and possible risks of participating in the College Credit Plus program. I understand that transportation to and from classes and technology needed for online courses is the family's responsibility and will not be provided by the district.

I understand that participation in standardized testing as required by the State of Ohio (end-of-course exams in English I and II and Algebra I/Geometry) is mandatory and failure to comply could impact my ability to meet graduation requirements. Grades from an equivalent College Credit Plus course may be converted to graduation points in place of Biology, American Government, or American History end of course exams.

Student Signature _____ Date _____

Parent Signature _____ Date _____