

Letter of Intent to Participate in College Credit Plus

Date: _____

Student Name _____

Parent/Guardian Name _____

Home Address _____

Parent Phone Number _____

Parent Email Address _____

Please read the statements below and sign to declare the intent to participate with an understanding of the rules and regulations of the College Credit Plus Program.

I would like to declare my intent to participate in the College Credit Plus program. I understand that signing this form does not require that I participate in the upcoming school year. I may decide to not participate without consequence.

I understand that it is my responsibility to notify Kalida High School if I do not gain admission into my selected institution of higher education or choose not to participate in the program.

I also understand the I have received counseling or had the opportunity to receive counseling about the College Credit Plus program concerning the rules and regulations for both my school and the college, and I understand my responsibilities , the benefits, and possible risk of participating in the College Credit Plus program. I understand that Kalida School offered an informational (counseling) session on Monday, February 11, 2019 as an opportunity for me to obtain information as it pertains to the College Credit Plus program. I understand that I have the opportunity to access the following link of the Ohio Department of Education to access additional counseling as it relates to the rules and regulations of the College Credit Plus Program and frequently asked questions. <https://www.ohiohighered.org/ccp/faqs>

Please sign and return this form to the high school guidance office by April 1. This form only needs to be complete once to participate in ensuing years.

Student Signature Below

Parent Signature Below

Date

