

Letter of Intent to Participate in College Credit Plus for the 2024-25 School Year

LEASE PRINT
Date
Student Name
Parent/Guardian Name
lome Address
Parent Phone Number
arent Email Address
Student Contact Info
Sebael Crede
SchoolGrade

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 during the coming school year, and I may decide not to participate without consequence.

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

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 the possible risks of participating in the College Credit Plus program.

Please sign and return this form to the high school by April 1, 2024 TO MR. MANSKY

Student Signature _____

Parent Signature _____



TO BE TURNED INTO YOUR COLLEGE OF CHOICE

This permission slip must be completed and signed by the student and his or her parent or guardian in order for the student to enroll in college courses under the College Credit Plus Program.

A student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which *may* include "mature subject matter" as defined in Ohio Revised Code 3365.035.

PLEASE TYPE OR PRINT

We _____(Student Name) and _____(Parent Name) hereby understand that by enrolling in College Credit Plus courses:

- Content *may* include mature subject matter that will not be modified based upon College Credit Plus enrolled participation regardless of where course instruction occurs: and
- State Law requires this signed form be submitted in the student's application to the college or university following that college or university's instructions for submission of application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent's or guardian's responsibility to be aware of and monitor the student's enrollment based on information provided by the college.

Student Information - PLEASE TYPE OR PRINT:

Student Name:	
Email Address:	
Phone Number:	
Name of High School (or homeschooled):	
Parent Information - PLEASE TYPE OR PRINT:	
Parent Name:	
Email Address:	
Phone Number:	
Student Signature:	Date:
Parent Signature:	Date:

RETURN THIS COMPLETED FOR TO THE COLLEGE OR UNIVERSITY TO WHICH THE STUDENT IS APPLYING. FOLLOW THE COLLEGE OR UNIVERSITY'S INSTRUCTIONS TO SUBMIT THIS FORM.