



Date:	
Student Name:	
Address:	
Parent/Guardian Name:	
Parent Phone Number:	
Parent Email Address:	
Student Phone Number:	
Student ID Number:	

I would like to declare my intent to participate in College Credit Plus. 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 for some other reason.

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.

These responsibilities include but are not limited to:

- Students who fail a class or drop a class after the 15th day of the course beginning are responsible for tuition reimbursement to Coshocton City Schools.
- Students must always provide Coshocton High School with a current copy of their college course schedule.
- Students must follow the 30-hour formula discussed by the College and Career Advisor and/or their School Counselor.
- Depending on the institution of higher education, students must work with the institution and Coshocton High School to follow proper procedures for receiving and returning textbooks and supporting materials.
- I understand that it is recommended to take more than the minimum credit hours for eligibility (+5 credits).
- I understand that I am expected to attend all class periods at CHS unless I have a face-to-face CCP class at my college.
- I understand that the DE Instructors here at CHS must follow all COTC guidelines and policies, including FERPA.

Student Signature:	
Parent/Guardian Signature:	