RIVERSIDE LOCAL SCHOOL DISTRICT

COLLEGE CREDIT PLUS PROGRAM
INFORMATION CERTIFICATION

Student Name_____ Grade_____

I hereby certify that my son/daughter and I have been informed of the College Credit Plus program now available to students in grades 7th through 12th. I also understand my responsibilities as parent/guardian with my son/daughter's participation in the program.

We have been informed and understand:	**Initial** Parent	Student
Program Eligibility	_____	_____
Process for granting credit	_____	_____
Maximum number of CCP credits that can be taken per semester (per year)	_____	_____
Minimum number of CCP credits that can be taken per semester (full time/part time CCP students)	_____	_____
Financial arrangements (tuition, transportation)	_____	_____
Criteria for transportation aid	_____	_____
Consequences of failing a course(s)	_____	_____
Graduation requirements	_____	_____
Available support services, scheduling	_____	_____
Student's academic and social responsibilities	_____	_____
Use of College counseling services	_____	_____
NCAA Eligibility Center	_____	_____
Eligibility for Athletic, Co-curricular and Extra-Curricular Activities and Full time student status	_____	_____

_____ _____
Parent Signature Date

_____ _____
Student Signature Date

This letter must be completed and returned to the appropriate counselor to meet eligibility requirements by April 1, 2024.

RIVERSIDE CAMPUS

Michael Hall, Principal

College Credit Plus Program

Intent to Participate

(Please Print)

I,_____, parent/guardian of _____,

am interested in the College Credit Plus program as it has been outlined.

My son/daughter plans to be involved in the program during the 2024-2025 academic year.

Parent/Guardian Signature_____ Date_____

This letter must be completed and returned to the appropriate counselor to meet eligibility requirements by April 1, 2024.