Letter of Intent to Participate in College Credit Plus

PLEASE PRINT

Date _____

AFTER APRIL 1, YOU WILL NEED PERMISSION FROM THE SCHOOL DISTRICT SUPERINTENDENT TO PARTICIPATE.

Student Name _____ Signature_____

Parent/Guardian Name _____ Signature_____

Home Address _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

Parent Phone Number (cell) _____

Parent Email Address _____

Student Cell Phone Number _____

Current Grade _____

<u>Parent & Student</u> please initial in front of each statement.

_____ ____ I have attended the CCP Information Night, or viewed the virtual meeting, provided by my school and Lorain County Community College and understand the parameters of the CCP program. I also understand my responsibilities, the benefits and possible risks in participating in the College Credit Plus program.

_____ _____ I would like to declare my child's intent to participate in the College Credit Plus program. I understand that signing this form does not require that my child participate during the coming school year and may decide not to participate without consequences.

_____ _____ I understand as a condition of my child's participation in Columbia Local School's CCP program, that if my child receives an 'F' in a CCP class OR withdraws after the institution's deadline, the student and/or the student's parent/guardian may be financially responsible for the cost of the CCP course

_____ _____ I understand that it is my responsibility to notify my school if my child does not gain admission to their selected institution of higher education or chooses not to participate for some other reason.

_____ _____ I understand that the curriculum and software being taught is at the discretion of the college and not Columbia Local School District.

Please return to the Columbia High School Guidance Office by April 1, 2025