



Intent to Participate in College Credit Plus

Academic Year 2024 – 2025: Public Schools

Date*		
School Name		
Student Name		
Student Grade in 2024 – 2025		
Parent/Guardian Name		
Home Address		
Parent Phone Number		
Parent Email Address		
Student Phone Number		
Student Email Address		

*After April 1, you will need permission from the school principal to participate.

Declaration of Intent

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

Please sign and return this form to the secondary school by April 1.

Parent Signature	
Student Signature	
Date	

Spencerville High School College Credit Plus Program Intent Form

_____ and _____
(Print Student's Name) (Print Parent's Name)

Student's Grade (next school year): _____

To: School Officials We have received the following information regarding the College Credit Plus Program:

- * Program Eligibility
 - * Program Options
 - * Financial Arrangements
 - * Academic Credit Information
 - * Consequences of Failing or Non-attendance
 - * Graduation Requirements
 - * Academic and Social Responsibilities
 - * General Information
- *Received in writing ORC 3365.09(A) District Reimbursement if the student fails to attain a passing grade.
*Summer through Second Semester cannot exceed 30 semester hours.

Having been informed by local school officials of the College Credit Plus Program, and having received appropriate and adequate counseling regarding the College Credit Plus Program, as called for by law, we the under-signed, choose to do the following:

We wish to participate in the College Credit Plus Program for the next school year. Our son/daughter

_____ will
attend _____ (College or
University).

_____ and _____
(Student's Signature) (Parent/Guardian's Signature)

_____ (Guidance Counselor's Signature) _____ (Date)

_____ (Principal's Signature) _____ (Date)

_____ (Superintendent's Signature) _____ (Date)

THIS FORM MUST BE COMPLETED AND ON FILE IN THE SPENCERVILLE HIGH SCHOOL GUIDANCE OFFICE AS ELIGIBILITY TO PARTICIPATE IN THE COLLEGE CREDIT PLUS PROGRAM BY APRIL 1ST.