



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 _____

Parent/Guardian Name _____

Home Address _____

PLEASE INDICATE PREFERRED METHOD OF CONTACT:

0 Parent Phone Number (Day) _____ (Evening) _____

0 Parent Email Address _____

Student Contact Info _____

School _____ Grade _____

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 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.

I understand the student/family may be required to reimburse the district or the state for tuition under the College Credit Plus program:

- Pursuant to Ohio Revised Code 3365.09(A), a district may seek reimbursement from a student or parent if:
 - 1) If the student receives a failing grade at the end of the college course; or 2) If the student withdraws from or drops the college course subsequent to the 14th calendar day after the particular course began.
 Pursuant to Section 3365.09(C), neither a school district nor a nonpublic school shall seek reimbursement if the student is identified as being economically disadvantaged in accordance with Ohio Administrative Code 3333-1-65.6(B)(2).

I understand that if I receive a failing grade at the end of the course, or if I withdraw from or drop the course subsequent to the 14th calendar day after the course begins, Lexington Local Schools **will** seek reimbursement from the student/family.

I understand CCP textbooks are the property of Lexington Local Schools. I understand I am to return the books to the office within 5 days of the end of my college course.

The Principal and/or Counselor are to be involved in conversations determining whether courses meet Lexington graduation requirements.

Student Signature _____

Parent Signature _____