## MAYFIELD HIGH SCHOOL

Coll	lege	Credit
* * * * * * * * * * * * * *	****	PLUS

## **INTENT TO PARTICIPATE**

Student:	Parent	Parent: Parent Cell: Parent E-Mail:	
Student Cell:	Parent		
Student E-Ma	ail: Parent		
	(Provide email addresses used regularly	for urgent messages)	
Counselor:	Date: _	//	
CCP School of	of Attendance:		
Student CCP	P Status: First Time CCP Student Return	ning CCP Student	
Please <i>initial</i> program.	<i>l</i> all items and sign to affirm your understanding, appro	val, and responsibilities with regard to this	
	udent is considering enrollment in CCP for the 2023-2024 S or Spring '24)	School Year (Summer '23, Fall '23,	
We hav advant	ave been properly counseled and informed with regard to th ntages	e content of the program including its risks and	
We have	ave received, understand, and agree to the content of the Co	llege Credit Plus documents	
course	nderstand that we must inform the student's Mayfield High es <b>each semester</b> , including any changes made throughout cial liability.	-	
Ohio F course occurs	nderstand information about the potential for mature subject Revised Code, in courses in which the student intends to en- es will not be modified based upon program enrollee partice rs. The information shall include the permission slip describ- sed Code.	roll through the program and notification that pation regardless of where course instruction	
Please check	ck Option A or B		
Option	n A College Credit Plus and high school credit (pare costs).	ents/student assumes financial responsibility for all	
Option	n B College Credit Plus and high school credit (schoresponsibility). We assume financial responsitions course(s) or fails the course(s).		

	Date	
Parent/Guardian Signature		
	Date	

Student Signature

MUST BE RETURNED TO THE GUIDANCE OFFICE BY: April 1, 2023