

MAYFIELD HIGH SCHOOL



INTENT TO PARTICIPATE

Student:Student Cell:Student E-Mail:		Parent:	
		Parent Cell:	
Counselor:		Date:/	
CCP School of Atte	ndance:		
Student CCP Status: First Time CCP Student		Returning CCP Student	
Please <i>initial</i> all ite program.	ms and sign to affirm your underst	tanding, approval, and responsibilities with regard to this	
My student is and/or Spring		the 2025-2026 School Year (Summer '25, Fall '25,	
We have been advantages	n properly counseled and informed w	vith regard to the content of the program including its risks and	
We have rece	eived, understand, and agree to the co	ontent of the College Credit Plus documents	
	semester, including any changes ma	Mayfield High School counselor of the student's registered ade throughout the semester. Failure to do so may result in	
Ohio Revised courses will	d Code, in courses in which the stude not be modified based upon program nformation shall include the permiss	mature subject matter, as defined in section 3365.035 of the ent intends to enroll through the program and notification that enrollee participation regardless of where course instruction ion slip described in division (B) of section 3365.035 of the Ohio	
Please check Opt	ion A or B		
Option A	College Credit Plus and high school credit (parents/student assumes financial responsibility for all costs).		
Option B	College Credit Plus and high school credit (school district, via the state, assumes financial responsibility). We assume financial responsibility if our student does not complete the course(s) or fails the course(s).		
		Date	
Parent/Guardian Sig	gnature		
		Date	

Student Signature