

MAYFIELD HIGH SCHOOL



INTENT TO PARTICIPATE

Student: \_\_\_\_\_

Parent: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

(Provide email addresses used regularly for urgent messages)

Counselor: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CCP School of Attendance: \_\_\_\_\_

Student CCP Status: **First Time CCP Student** \_\_\_\_\_

**Returning CCP Student** \_\_\_\_\_

Please *initial* all items and sign to affirm your understanding, approval, and responsibilities with regard to this program.

\_\_\_\_\_ My student is considering enrollment in CCP for the 2024-2025 School Year (Summer '24, Fall '24, and/or Spring '25)

\_\_\_\_\_ We have been properly counseled and informed with regard to the content of the program including its risks and advantages

\_\_\_\_\_ We have received, understand, and agree to the content of the College Credit Plus documents

\_\_\_\_\_ We understand that we must inform the student's Mayfield High School counselor of the student's registered courses **each semester**, including any changes made throughout the semester. Failure to do so may result in financial liability.

\_\_\_\_\_ We understand information about the potential for mature subject matter, as defined in section 3365.035 of the Ohio Revised Code, in courses in which the student intends to enroll through the program and notification that courses will not be modified based upon program enrollee participation regardless of where course instruction occurs. The information shall include the permission slip described in division (B) of section 3365.035 of the Ohio Revised Code.

**Please check Option 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 Signature

\_\_\_\_\_ Date \_\_\_\_\_

Student Signature

**MUST BE RETURNED TO THE GUIDANCE OFFICE BY: April 2, 2024**