

This permission slip must be completed and signed by the student and his or her parent or guardian in order for the student to enroll in college courses under the College Credit Plus program.

A student eligible to participate in College Credit Plus and admitted to a college or university will enroll in actual college courses, which *may* include "mature subject matter" as defined in Ohio Revised Code 3365.035.

**PLEASE TYPE OR PRINT:**

We \_\_\_\_\_ (Student Name) and \_\_\_\_\_ (Parent Name) hereby understand that by enrolling in College Credit Plus courses:

- Content *may* include mature subject matter that will not be modified based upon College Credit Plus enrollee participation regardless of where course instruction occurs; and
- State law requires this signed form be submitted in the student's application to the college or university following that college or university's instructions for submission of application materials.

The signatures below indicate permission is granted to participate in College Credit Plus. It is the parent's or guardian's responsibility to be aware of and monitor the student's enrollment based on information provided by the college.

Student Information – **PLEASE TYPE OR PRINT:**

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of High School (or homeschooled): \_\_\_\_\_

Parent Information – **PLEASE TYPE OR PRINT:**

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

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

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

**RETURN THIS COMPLETED FORM TO THE COLLEGE OR UNIVERSITY TO WHICH THE STUDENT IS APPLYING.  
FOLLOW THE COLLEGE OR UNIVERSITY'S INSTRUCTIONS TO SUBMIT THIS FORM.**

## ACADEMIC YEAR 2023-2024: PUBLIC SCHOOLS

<b>Date</b> ( <i>After April 1, 2023 you will need permission from the school principal to participate</i> )	
<b>High School Name</b>	<b>West Muskingum High School</b>
<b>Student Name</b>	
<b>Student Grade Level 2023-2024</b>	
<b>Parent/Guardian Name</b>	
<b>Home Address</b>	
<b>Parent/Guardian Phone Number</b>	
<b>Parent/Guardian Email Address</b>	
<b>Student Cell Phone Number</b>	
<b>Student Email Address</b>	

**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 before the first class drop date. 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.

**Students,** please initial next to each statement below, to signify that you agree to the terms listed in order to participate in the College Credit Plus Program:

\_\_\_\_\_ I will be excluded from any academic related honors through West Muskingum until the end of the school year.

\_\_\_\_\_ I understand that West Muskingum makes every effort to keep CCP students informed and I understand I am choosing to take college courses away from my home high school, therefore it is my responsibility to check Google Classroom, the district website, or contact the school for any school information, including but not limited to: graduation, prom, scholarships, meetings, fees, and extracurricular functions, etc.

\_\_\_\_\_ I understand that West Muskingum High School staff and teachers will use my West Muskingum High School email and it is my responsibility to keep up with emails through my West Muskingum High School email account.

\_\_\_\_\_ It is my responsibility to set up meetings with my high school counselor and review course selections to ensure high school graduation requirements are being met.

\_\_\_\_\_ I understand that college courses will be scheduled after and around my high school courses. I also understand there may be circumstances when college classes fill up before the high school schedule is complete and I may not be able to get a college course that I intended to take.

\_\_\_\_\_ I understand that I will be required to pay tuition for all failed courses (including courses with the grades of FS, FN, and I, as well as courses where I receive “no credit”, or courses that I withdraw from after the withdrawal deadline.

\_\_\_\_\_ I understand that in the event I have to pay tuition because of a circumstance listed above, full repayment will need to be received prior to graduation or release of any school records (including diploma). There are no payment plans available.

\_\_\_\_\_ I have attended West Muskingum’s Annual College Credit Plus meeting and/or reviewed the Annual College Credit Plus slideshow presentation provided by the Ohio Department of Education and I certify I understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus program.

\_\_\_\_\_ I understand I must look in the WMHS library first, before ordering a CCP textbook. I also understand that if a book is in the WMHS library that I have asked the school to purchase, I will be financially responsible for the purchase of the new book.

\_\_\_\_\_ I understand if I want the text in a different format than offered by the high school (digital vs. text), I will be financially responsible for paying for an alternate format.

\_\_\_\_\_ I understand that I have to turn all textbooks in to my school counselor within three (3) days of the end of each semester.

\_\_\_\_\_ I understand I will be responsible for the cost of all unreturned or damaged books.

\_\_\_\_\_ I understand it is my responsibility to follow instructions about how to obtain books for CCP classes (this includes reading my college course syllabus, posts on Google Classroom, and emails from West Muskingum administration).

***Parents, please initial:***

\_\_\_\_\_ I understand that my student is signing up to be a college student, therefore I understand that grade reports and information from the college and high school pertaining to CCP courses are between my student and the college and high school.

\_\_\_\_\_ I have read over the statements my student initialed above and my initials signify my understanding as well.

**For the 2023-2024 school year, select the payment option for your student's course(s):**

- OPTION A:** The student/family will be financially responsible for all tuition and the cost of all textbooks, materials, and fees associated with the College Credit Plus course.
  - The student must inform the secondary school whether the student wants to receive college credit only or high school and college credit.
  
- OPTION B:** The state of Ohio is financially responsible for the eligible course(s) in which the student chooses to enroll.  If Option B is selected, the funding for the course will be deducted from the secondary school and redirected to the college.
  - The student will receive high school and college credit.
  
- COMBINATION OF OPTIONS A & B:** Student/family chooses to be responsible for all tuition, textbooks, materials, and fees for one or more courses. If this option is chosen, the student must inform the college which course(s) will be under Option A and which will be under option B.

**Please consult with your school counselor for more information and to choose the option(s) that best suits your College Credit Plus endeavors. Your selection of Option A or Option B is tentative on this form. You must confirm your selection by your college's no-fault withdrawal date. You must also inform your high school of your final selection.**

**For the 2023-2024 school year, select how your student will seek eligibility to the CCP program:**

- My student will be taking the Accuplacer to help de eligibility determination
- My student will be using his/her ACT/SAT score for eligibility determination
- My student meets the GPA requirements for the college they are interested in

***By signing below, I understand that it is my responsibility to reach out to my respective counselor (listed below) by May 1, 2023 to let her know whether or not I will be participating in CCP for the 2023-2024 school year and which college I will be attending.***

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Miss Wolfe, School Counselor grades 9 & 10 - [jwolfe@westmschools.org](mailto:jwolfe@westmschools.org)  
Mrs. Sheck, School Counselor grades 11 & 12 - [msheck@westmschools.org](mailto:msheck@westmschools.org)