 **Jackson Center Local School**

**College Credit Plus**

**I Intent-to-Participate Form**

**2024 -2025 School Year**

To be completed by the student and parent:

**Student Section**

I would like to declare my intent to participate in the College Credit Plus program for the 2024-2025 school year. I understand that signing this form does not require that I participate during the coming school year and that I may decide not to participate without consequence. I understand that it is my responsibility to notify the school if I do not gain admission into my selected institution(s) of higher education or choose not to participate for some other reason.

**Please mark which course options you plan to participate in (mark all that apply):**

Course(s) offered at JCHS Course(s) offered on campus and/or online

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended college/university

**Parent Section**

I plan to have my son/daughter participate under the following option.

\_\_\_\_\_ Option A: Courses are taken for college credit only or high school and college credit and the student is financially responsible for all costs associated with the courses.

\_\_\_\_\_ Option B: Courses are taken for high school and college credit and Jackson Center Local School is responsible for all costs required by law associated with the courses.

We have participated in the JCHS College Credit Plus counseling program for students

who wish to enroll in CCP. We understand the rules, responsibilities, and potential cost of

being a part of the CCP Program.

We understand the positive and negative consequences that could result in such

participation and take full responsibility for the decision. We agree to release the

District from any liability or responsibility related to participation in the program.

I give my son/daughter permission to transport themselves between Jackson

Center Local School and the participating institution(s) of higher education during

the school day in order to participate in this program. He/she has permission not to be in attendance at Jackson Center Local School other than during his/her regularly scheduled middle/high school subjects.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (printed) Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed) Parent/Guardian Signature Date