CollegeCredit PLUS

School District Consent to Participate

I certify that the named student has completed the Letter of Intent to Participate in College Credit Plus form or has been granted permission by the school district representative if the aforementioned form was not received by April 1st

School Representative Signature _____ Date_____

Has the student received any disciplinary actions during their time at the high school?

[YES] [NO]

I would like to discuss this student:

[YES] [NO]

If you would like to discuss this student please provide your phone number: _____

Student Information

Student Name: _____

Name of High School: _____

Students from non-public high schools will also need to provide a copy of the letter from the state of Ohio verifying the number of credit hours a student is approved for.