



FORT LORAMIE LOCAL SCHOOLS

"A Great Place to Learn and a Great Place to Live"

College Credit Plus Student Intent to Participate

Student Name: _____

Grade in 22/23: _____

To be completed by student and parent:

Please check below what applies to you at this time (to the best of your knowledge):

I would like to participate in the **College Credit Plus** program using the following option:

____ **Option A (Student pays)**

____ **Option B (State/District pays)**

____ I would like to take college courses offered at FLHS by FLHS teachers.

____ I would like to take college courses at a college campus. Intended college/university: _____

____ I attended one of the College Credit Plus meetings or have met with Mrs. Francis regarding the CCP program on (circle one) **1/12/2022** **1/26/2022** **Other:** _____

This is to serve as notification that this student intends to participate in the College Credit Plus Program. We understand that it is our responsibility to notify Fort Loramie High School if he/she does not gain College Credit Plus admission or fails to participate for some other reason.

We have participated in the Fort Loramie Jr/Sr High School College Credit Plus counseling program for students who wish to enroll in CCP. We understand the rules, responsibilities, and potential costs of being a part of the College Credit Plus Program.

We understand the potential positive and negative consequences that could result from 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.

Student signature

Date

Parent/Guardian signature

Date

Return this form to Mrs. Francis by April 1, 2022

**After April 1, special permission must be obtained by the district Superintendent.*

FORT LORAMIE LOCAL SCHOOLS
Fort Loramie, Ohio 45845

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