



**Perrysburg Schools**  
**Letter of Intent to Participate in College Credit Plus**

*\*Please Print Neatly*

Date: \_\_\_\_\_ Notification must be made by April 1<sup>st</sup>. (ORC 3365.03)

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: Perrysburg Schools  High School  Middle School Grade: \_\_\_\_\_ (Participating year)

Parent/ Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

*Please indicate preferred method of contact:*

Parent/ Guardian a Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Parent/ Guardian Email Address \_\_\_\_\_

Student Contact Info (*email or phone*) \_\_\_\_\_

2020-2021 College Credit Plus Courses by subject and location

Enroll in HIST 1510 World Civilization BGSU course taught at PHS

Enroll in SPAN 2020 BGSU course taught at PHS (Spanish IV)

Enroll in FREN 2020 BGSU course taught at PHS (French IV)

Enroll in PHYS 2010 College Physics I BGSU course taught at PHS

Enroll in Teaching Professions BGSU courses taught at PHS

EIEC 1110  EDTL 2300  EDIS 2310

Enroll in Marketing (DECA) Owens courses taught at PHS

BUS 101  Bus 102  MKT 111  MKT 125  BUS 120  BUS 130

Attend classes **on campus** at university of choice

BGSU  UT  Owens  Other : \_\_\_\_\_

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 coming school year and I may decide not to participate without consequence.

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 for some other reason.

In accordance with Revised Code 3365, I certify that I have received counseling about the College Credit Plus program concerning the rules and regulations for both my school and college, and that I understand my responsibilities, the benefits and possible risks of participating in College Credit Plus. **Date of Counseling:** \_\_\_\_\_

I understand that it is my responsibility to return any CCP textbooks to Perrysburg High School. I also understand that I will be liable for any non-returned, or damaged CCP textbooks. I also understand that full time CCP students must return their school issued laptop and charger to Perrysburg High School.

**PARENT / GUARDIAN CONSENT FOR RECORD RELEASE**

By signing below I authorize Perrysburg High School to release my high school records/transcripts to the necessary college.

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

Parent/ Guardian Signature: \_\_\_\_\_

Date Received:	Counselor:
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