

Madeira City Schools
College Credit Plus (CCP)
Intent to Participate

This form is due by April 1 in the Counseling Office



Date _____ Madeira High School Madeira Middle School Great Oaks

Student Name _____ Student ID _____

Current Grade Level _____ Planned CCP Term Summer Fall Spring

Where do you plan to take CCP courses?

Only at MHS Only Off-Campus Both at MHS and Off-Campus

Are you a student-athlete on a Madeira High School team? Yes No

If yes, indicate the season(s) of participation: Fall Winter Spring

Please indicate your agreement by checking the boxes below:

- I intend to participate in the College Credit Plus (CCP) program at an Ohio college or university. I understand that signing this form does not require that I participate during the coming school year and I may decide, without consequence, not to participate.
- I understand that participation in CCP is completely dependent upon acceptance as a student at a participating institution of higher education (IHE). I understand that it is the responsibility of the student/parents/guardians to apply for acceptance into the participating IHE and to abide by all of that institution's deadlines and requirements regarding the CCP program.
- I understand that it is my responsibility to notify Madeira High School or Madeira Middle School of my admission status at my selected IHE or of my choice not to participate.
- I certify that I have received counseling about the CCP program concerning my rules and regulations for both my school and the college. I understand the advantages, possible risks and consequences of participation, including the Madeira City Schools requirement for repayment under Ohio Revised Code. I agree to abide by these rules and regulations as stated under Ohio Revised Code and expressed by the Ohio Department of Higher Education.

Option Election – Please note: If the student's goal is to receive both high school and college credit with funding from the state of Ohio, then Option B should be selected.

- 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 Madeira High 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 Madeira High School of your final selection.

Continue to page 2

College Credit Plus (CCP) Classes taken OFF CAMPUS (Full or Part Time)

- _____ Complete the Intent to Participate Form – return to the Counseling Office by April 1
- _____ Make an appointment with your MHS counselor by the end of March to plan
- _____ Contact the IHE to ask about any placement test requirements (ACT/SAT, Accuplacer, COMPASS, etc.)
- _____ It is YOUR responsibility to meet all application and placement test deadlines and requirements are followed in accordance with the selected IHE
- _____ Follow ALL instructions as stated by the IHE CCP Program

CCP Colleges under consideration (list all) _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Madeira City Schools
College Credit Plus (CCP)
Waiver and Release (2271-F4)
Off Campus Courses Only



The undersigned, _____, are the parent(s)/guardian(s) of
_____, a student enrolled in the Madeira City Schools.

The parent(s)/guardian(s) and student hereby represent and agree as follow:

- A. _____ (Student's Name) desires to take one of more classes which are located outside the School at which s/he is enrolled, and therefore must travel from the School to the outside location where the classes are held.
- B. We hereby request and authorize that our child be permitted to use his/her own discretion to seek his/her own transportation to and from all outside classes rather than use the transportation provided by the School.
- C. If the transportation to be used is a motor vehicle to be driven by our child, we hereby represent that our child is a licensed driver and the vehicle is covered by all insurance coverage required by law.
- D. We further agree that no other student will ride with our child without written authorization from the student's parent(s)/guardian(s), a copy of which shall be provided to the School.
- E. By this Waiver and Release, we waive any and all claims which might otherwise have, either directly or on behalf of others, against the District, its agents or employees, as a result of our child's failure to use the transportation provided by the District to and from outside classes, and release the District, its agents and employees, from any liability arising out of any injury to our child as a result of our child not utilizing the transportation provided by the District and using alternative transportation instead.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date