

## Letter of Intent to Participate in College Credit Plus @ Fort Frye High School

Public school students must notify their high school of their intent to participate in the College Credit Plus Program by April 1. After April 1, students will need permission from the school principal to participate.

**\*\*\*\*\*Please Print\*\*\*\*\***

2018-2019 Grade **7 8 9 10 11 12** (circle one)    Date Submitted \_\_\_\_\_

Student Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent/Guardian(s) Name \_\_\_\_\_

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

**Please Indicate Preferred Method of Contact:** (check one for parent and one for student)

Parent Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_     Parent Email Address \_\_\_\_\_

Student Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_     Student Email Address \_\_\_\_\_

**Check all that apply**

\_\_\_\_ I plan to take courses at Fort Frye High School (CCP on FFHS Campus)

\_\_\_\_ I plan to take courses at Washington State Community College

\_\_\_\_ I plan to take course at another college as listed here \_\_\_\_\_

I would like to declare my intent to participate in College Credit Plus. I understand that signing this form does not obligate me to 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 when I gain admission to my selected institution of higher education and that I will be told how many college semester hours I am eligible to take during the coming school year, including summer term. I also understand that it is my responsibility to notify my school if I am not going to participate in College Credit Plus for any reason.

In addition, I certify that I have received counseling about the College Credit Plus program concerning the rules and regulations for both my school and the college, and that I understand my responsibilities, the benefits and possible risks of participating in the College Credit Plus program.

A student who receives a grade of **F** or **W** on his/her transcript will be charged the amount of funds paid for the CCP course. This will include but is not limited to the cost of tuition.



**Fort Frye High School**  
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Fax: 740-984-2501  
[www.fortfrye.k12.oh.us/guidance/7-12.php](http://www.fortfrye.k12.oh.us/guidance/7-12.php)

**Student Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

Mary Beth Shultz  
School Counselor  
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740-984-2376x114

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