



CollegeCredit PLUS

Madison Local School District Letter of Intent to Participate in College Credit Plus

***Please Print Neatly**

Date: _____

Return to your counselor by April 1st. (ORC 3365.03)

Student Name: _____ DOB: _____

Parent/Guardian Name: _____

Home Address: _____

Please indicate preferred method of contact:

Parent Phone Number (Day) _____ (Evening) _____

Parent Email Address: _____

Student Contact info (email or phone): _____

Madison High School: _____ Madison Middle School: _____ Grade: _____ (Participating year)

I would like to declare my intent to participate in the College Credit Plus Program.

In conjunction with _____ for the 2023-2024 School Year
(Name of institution)

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 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 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 the college, and that I understand my responsibilities, the benefits and possible risks of participating in College Credit Plus.

Date you viewed presentation: _____

PARENT CONSENT FOR RECORD RELEASE

By signing below I authorize Madison Local School District to release records/transcripts to the necessary college.

Student Signature: _____

Parent Signature: _____