College Credit Plus *Letter of Intent* Form 2024-2025

I hereby certify that my child has received appropriate advising of the College Credit Plus Program available to grades 7-12. Parents and students who are submitting this form have attended an informational meeting at Elyria High School or another location in Lorain County and received information on the guidelines for participation. As the parent/guardian, I have also been informed of my responsibilities pertaining to my child's participation in the program.

The information I have received includes: program eligibility, completion of the application process including placement testing, the expectation for the student to meet all college course requirements and standards (including attendance), the process for granting credit, financial agreements and responsibilities (tuition, books, materials, and fees), available support services, consequences of failing a course, the child's academic and social responsibilities, high school graduation requirements, the use of any college services and any other questions that the parent or student may have in this process.

I understand that all grades earned in the College Credit Plus Program will be a part of my child's permanent secondary and post-secondary academic transcript and record.

I understand that under College Credit Plus, should my child _FAIL or WITHDRAW_ from any course, that I will be financially responsible for all tuition, fees, books, and cost associated with my child's enrollment. As the parent/guardian, I believe my child possesses the academic ability and maturity necessary to complete college-level work successfully.

I give permission for Elyria High School, Northwood, Westwood, and/or Eastern Heights and LCCC to exchange educational records.

As a student, I believe I am mature, academically able, and a self-motivated individual who can successfully complete a college-level course.

_____	_____	
Parent/Guardian Signature	Parent/Guardian Name Print	
_____	_____	_____
Student Signature	Student Name Print	Grade
_____	_____	
Counselor Signature	Date	