

## Trailblazer Academy Registration Form

Student Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School District of Residence: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Secondary School: \_\_\_\_\_ Public or Non-public? \_\_\_\_\_

Unique Identification Number/ SSID Number  
(not Social Security Number)

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(Public school students see school counselor for SSID number)

Summer, Fall, or Spring term?	OCU Course Number	Course Name	Course Format (Circle format that applies)	Day / Period / Section	Number of Credits	Check if State Funded	Check if Self Pay
			Online/OCU Campus/ High School				
			Online/OCU Campus/ High School				
			Online/OCU Campus/ High School				
			Online/OCU Campus/ High School				
			Online/OCU Campus/ High School				
			Online/OCU Campus/ High School				
			Online/OCU Campus/ High School				

**\*ALL SIGNATURES ARE REQUIRED TO PROCESS REGISTRATION REQUEST\***

I certify that the student has permission to attend Ohio Christian University under the College Credit Plus (CCP) program. The above student is registered for \_\_\_\_ Carnegie units at the secondary school, and is eligible to take \_\_\_\_ credits at the college for this semester. No more than the equivalent of 30 college credits for the year and 120 college credits maximum while participating in CCP. To determine the available college credits for the year, the formula is:  $30 - (\text{Carnegie units} \times 3) = \text{available college credits}$ .

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Signature of Authorizing Secondary School Official \_\_\_\_\_ Email Address \_\_\_\_\_ Date \_\_\_\_\_

**Financial Responsibility:** If the above student fails to complete one or more courses successfully, the student/parent assumes full financial responsibility for the course and related expenses payable to the secondary school. If the student is in a non-public school, it is understood that, should the state choose not to fund the student's participation, I will be responsible for payment of tuition, fees, books, and materials required for each course.

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Signature of Parent or Legal Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Student \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**(For Office Use Only)**

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Signature of Ohio Christian University CCP Advisor \_\_\_\_\_