Winton Woods City School District
College Credit Plus Enrollment Options Program
Credit Verification Form

A signed copy of this form must be on file in the High School office <u>before</u> a student starts classes EACH SEMESTER. Winton Woods City Schools District personnel cannot be responsible for changes in credit or weight that result from students starting class without prior approval.

I. STUDENT INFORMATION:

Name _____Student ID#_____

Address _____ Zip _____

Father_____ Phone#_____

Mother _____ Phone# _____

Academic Year 20___- ____ Student's Grade: 9 10 11 12

Counselor: _____

II. COLLEGE INFORMATION:

Name of School/College _____

Contact person _____ Phone _____

Address _____ Zip _____

III. COLLEGE CREDIT PLUS ENROLLMENT OPTION PROGRAM COURSE INFORMATION

Semester: Summer / Fall / Spring Number college credit hours:_____

IV. COLLEGE COURSE INFORMATION

Please attach a copy of your college schedule with this form. The schedule should include:

1. The name of the course
2. The number of credit hours
3. The subject area in which the course is classified.

**Failure to provide this information may result in removal from the course or incorrect coding for high school credit.

WINTON WOODS CITY SCHOOL DISTRICT AUTHORIZATION

The College Credit Plus Program outline above meets all Winton Woods City Schools District criteria, and the above named student is authorized to participate.

_____ Date: _____

Counselor, Winton Woods High School

PARENT/STUDENT VALIDATION

_____ We accept the Post-Secondary Enrollment Option Program outlined above and understand that failing or dropping a course may result in our being responsible for the full cost of the course.

_____ We do not accept the Post-Secondary Enrollment Option Program outline above and request a conference to resolve the matter.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date