

# LAKWOOD HIGH SCHOOL

## SCHOOL COUNSELING DEPARTMENT



14100 FRANKLIN BLVD., LAKEWOOD, OHIO 44107  
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Ms. Nina DeChant - Mrs. Abigaile Drost - Mrs. Deb Dalton - Mrs. Lisa Gentry - Mrs. Roberta Marcinek - Mrs. Leah Kapsalis

### Letter of Intent to Participate 2024-25



**Student Name:** \_\_\_\_\_  
(Parent & Student Initial)

**Grade:** \_\_\_\_\_

\_\_\_\_\_ & \_\_\_\_\_ I would like to declare my intent to participate in the College Credit Plus program. I understand that signing this form does not require that I participate during the coming school year, and I may decide not to participate without consequence.

\_\_\_\_\_ & \_\_\_\_\_ I understand that my student must apply to and be accepted by the college or university where my student plans to participate in College Credit Plus classes.

\_\_\_\_\_ & \_\_\_\_\_ I also understand that it is my responsibility to notify my school if I do not gain admission to my selected institution of higher education or choose not to participate in the program.

\_\_\_\_\_ & \_\_\_\_\_ I understand the College Credit Plus program rules and regulations for both my school and college, my responsibilities, the benefits and possible risks of participating in the College Credit Plus program.

\_\_\_\_\_ & \_\_\_\_\_ I understand that classes failed or withdrawn with an "F" will receive an "F" on high school and college transcripts and will be computed into high school and college GPA.

\_\_\_\_\_ & \_\_\_\_\_ I understand that if I fail the course that the district may seek reimbursement for the amount of state funds paid to the college on your behalf for that college course. The school district will withhold grades and credits received for high school courses taken until reimbursement has been made.

\_\_\_\_\_ & \_\_\_\_\_ I understand if I earned lower than a cumulative 2.0 GPA in CCP courses I will be placed on CCP Probation. Once CCP Probation is determined, contact your School Counselor to review CCP restrictions.

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

**Date:** \_\_\_\_\_

**Parent/Guardian Signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RETURN TO THE LAKEWOOD HIGH SCHOOL COUNSELING OFFICE BY**

## **APRIL 1, 2024**

**This is a firm deadline.**