

Must turn in every year prior to April 1st for the following school year.

**Highland High School
College Credit Plus Counseling Requirement**

Date: _____

Student Name: _____

I have read and understand the rules of the College Credit Plus Program including but not limited to potential repayment. I have received counseling regarding them. I accept and agree to abide by them. I have either attended a state mandated CCP or read through the Ohio Department of Education's PowerPoint presentation in the school year of _____.

Student's printed name

Student's signature

Parent's signature

Date

******Students must sign off to give permission for counselors to speak with parents about CCP grades/updates. _____**

Student Signature giving permission regarding FERPA