



14100 FRANKLIN BLVD., LAKEWOOD, OHIO 44107 PHONE: (216) 529-4032 FAX: (216) 529-4211

Ms. Nina DeChant - Mrs. Abigaile Drost - Mrs. Deb Dalton - Mrs. Lisa Gentry - Mrs. Roberta Marcinek - Mrs. Leah Kapsalis

Letter of Intent to Participate 2023-24

Student Name:	Grade:
(Parent & Student Initial)	
	participate in the College Credit Plus program. I understand pate during the coming school year, and I may decide not to
& I understand that my student must a my student plans to participate in College Credit Plu	apply to and be accepted by the college or university where us classes.
& I also understand that it is my respo my selected institution of higher education or choos	onsibility to notify my school if I do not gain admission to se not to participate in the program.
	s program rules and regulations for both my school and le risks of participating in the College Credit Plus program.
& I understand that classes failed or w college transcripts and will be computed into high s	withdrawn with an "F" will receive an "F" on high school and chool and college GPA.
	that the district may seek reimbursement for the amount of at college course. The school district will withhold grades intil reimbursement has been made.
	mulative 2.0 GPA in CCP courses I will be placed on CCP act your School Counselor to review CCP restrictions.
Student Signature :	Date:
Parent/Guardian Signature :	

RETURN TO THE LAKEWOOD HIGH SCHOOL COUNSELING OFFICE BY

APRIL 1, 2023

This is a firm deadline.