

## Appendix 204-A

### POST-SECONDARY ENROLLMENT PROGRAM COUNSELING RECORD

I acknowledge by my signature that I have received in person counseling and advisement relative to the Post-Secondary Enrollment Program (the "Program").

Specifically, the following options have been explained:

**OPTION A** – The option to enroll my child in a post-secondary institution full time or part time to take post-secondary courses that will count for post-secondary credit only.

**OPTION B** – The option to enroll my child in a post-secondary institution full time or part time to take post-secondary courses that will count for post-secondary credit AND high school credit as well.

I further understand and agree to the following statements:

1. The post-secondary courses which my child takes to satisfy high school graduation requirements must be passed to receive high school credit. High school credit will be awarded only after the post-secondary credits have been earned and verified by the official college transcript.
2. All post-secondary courses taken to meet high school graduation requirements must be completed and credit verified prior to the high school graduation date for the student to participate in commencement exercises.
3. All post-secondary courses taken for high school credit under Option B will be transferred to the high school permanent record and averaged in the student's high school G.P.A.
4. Bus transportation will not be provided to Program students, and those participating must furnish their own transportation to and from the college campus, unless the student has enrolled under Option B and the School has been legally designated as responsible for providing or arranging for the transportation of the student to and from the School. In that case, the parent of the Student enrolled in the Program may apply to the School for full or partial reimbursement of the necessary costs of transporting the student between the School and the college.
5. Should a student drop out of post-secondary courses, or out of the Program entirely, he or she will be permitted to return full time to the School and register for high school classes.
6. Students in the Program remain on the rolls of the School, but the School is not responsible for any liability incurred while they are on the post-secondary school campus, or while traveling to and from the campus.
7. Though a Program student may participate in high school extracurricular activities and athletics, it is often inconvenient to do so since the post-secondary school schedule often conflicts with these events and activities.

8. Program students will not be grouped together in special classes but are enrolled with regular college students. College teachers will make no allowances or give special consideration to high school students in their classes. They are expected to meet the same standards as regular students.
9. The Program is open to qualified students only.
10. The high school principal has sole authority to determine how post-secondary credit is translated into high school units of credit, and which post-secondary courses may be substituted for which high school courses.
11. Program students attending post-secondary schools full time are required to be full time students for the entire academic year. Students must furnish their high school counselors with a copy of their college schedule each term.
12. Every college or post-secondary institution is free to establish its own admission requirements for candidates under the Program, and these may be different from those which apply to the regular applicant.
13. Students who choose Option B may request to have the Board pay the cost of the post-secondary tuition, books, and fees, within the limit of the state's foundational grant, which is the amount the state allocates for each student had that student remained in high school. The state will not, however, pay for any failed college course work, and parents will be billed for the tuition for failed courses. Students participating under Option B are not eligible for scholarships or other forms of financial aid.
14. Program students are encouraged to use the counseling services of the college at which they intend to enroll. The telephone number for the counseling department for \_\_\_\_\_ is \_\_\_\_\_.
15. Scheduling at the high school and the post-secondary institution has been discussed.

With a full understanding of these policy statements, I choose to enroll my child in the Program under the provision of:

- Option A:  Full Time  
 Part Time
- Option B:  Full Time  Part Time

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

Student's Signature

Date

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Counselor's Signature

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Date

<b>POST-SECONDARY ENROLLMENT PROGRAM EDUCATIONAL PLAN</b>
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Student's Name: \_\_\_\_\_

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

High School: \_\_\_\_\_

\_\_\_\_\_ Entering Grade:

High School Credits Earned: \_\_\_\_\_

Credits Needed to Graduate: \_\_\_\_\_

**SPECIFIC HIGH SCHOOL SUBJECT(S) NEEDED TO GRADUATE:**


**PROPOSED COLLEGE CURRICULUM:**

College Course(s)	to substitute for	High School Course(s)
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**Appendix 204.13-C**

[School Letterhead]

\_\_\_\_\_ (Date)

[NAME OF REGISTRAR]  
[NAME OF COLLEGE/ UNIVERSITY]  
[STREET ADDRESS]  
[CITY, STATE ZIP CODE]

**RE: Annual Informational Session to Address College Credit Plus**

Dear Sir or Madam:

Pursuant to Ohio Revised Code Chapter 3365, \_\_\_\_\_ (the “School”) invites you, a partnering college that is located within thirty miles of the School, to participate in a College Credit Plus Informational Session in order to meet with interested students and parents.

The College Credit Plus Informational Session will be held on:

\_\_\_\_\_ (DATE)\*

\_\_\_\_\_ (LOCATION)

All colleges and universities participating in an informational session should be prepared to discuss the benefits and consequences of participating in the College Credit Plus program. We also ask that participants be prepared to provide information to students and parents regarding admissions standards, application procedures, and course registration requirements and deadlines for your institution.

If your institution is interested in participating, **please RSVP in writing by** \_\_\_\_\_ (RSVP Date) to \_\_\_\_\_ (Name) at \_\_\_\_\_ (Email Address) so that we can properly prepare the space. Should you have any additional questions, please do not hesitate to contact me.

Sincerely,

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Title)

**\*ANNUAL INFORMATIONAL SESSIONS SHALL BE HELD BETWEEN OCTOBER 1 AND FEBRUARY 15 PURSUANT TO O.A.C. 3333-1-65.1.**



