

# COLLEGE CREDIT PLUS

## PARENT/GUARDIAN & SCHOOL AUTHORIZATION FORM

This form must be reviewed and signed by the student's Parent/Guardian and School Administrator in order to complete the student's application. The form can be electronically submitted during the **REQUIRED ONLINE CCP APPLICATION** or scanned and emailed to [ccplus@sinclair.edu](mailto:ccplus@sinclair.edu). The **REQUIRED ONLINE CCP APPLICATION** can be found at [www.Sinclair.edu/ccp](http://www.Sinclair.edu/ccp).

### STUDENT INFORMATION

Student's Last Name	First	MI	SS#	Date of Birth	Gender
Address		City	State	Zip	Current Address Start Date (MM/YYYY)
School Name			Anticipated Graduation Date (MM/YYYY)		

### PARENT/GUARDIAN PERMISSION TO PARTICIPATE

Parent/Guardian Last Name	First	MI	Relationship to Student
Preferred Phone Number	Email		

I give permission to my son/daughter to participate in the College Credit Plus (CCP) Program with Sinclair College. I have read the Pertinent information for Parents/Guardians and Students Participating in the College Credit Plus Program. I understand that FERPA Privacy restrictions limit my access to my student's college records and that if my son/daughter withdraws late or fails to successfully complete any course(s) I may be financially responsible for the tuition.

I give permission for my child to be photographed at CCP events/classes  Yes  No

Parent/Guardian Signature	Date
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### SCHOOL INFORMATION

(Note: This section must be completed by a school principal, counselor, or other appropriate school official)

I have advised the student and his/her parents or legal guardian of their participation in the CCP program. I acknowledge that I have received the student's intent to participate form and have discussed with the student academic eligibility requirements and high school graduation requirements. **I certify to submit the student's transcript and that the student is recommended to participate based on meeting the following requirements - (Please check one requirement.):**

\_\_\_\_\_ *Student needs Accuplacer test*                      \_\_\_\_\_ *Student has qualifying Accuplacer Scores*

*Student has the following ACT/SAT Sub Scores:* \_\_\_\_\_ *in English* \_\_\_\_\_ *in Math*

School Official Name (please print)	Date
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Signature	School
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*Student's SSID:* \_\_\_\_\_

*Grade Level for upcoming school year:*

\_\_\_\_\_ *7<sup>th</sup>* \_\_\_\_\_ *8<sup>th</sup>* \_\_\_\_\_ *9<sup>th</sup>* \_\_\_\_\_ *10<sup>th</sup>* \_\_\_\_\_ *11<sup>th</sup>* \_\_\_\_\_ *12<sup>th</sup>*