

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 as a part of the required **ONLINE** CCP application or scanned and emailed to **ccplus@sinclair.edu**.

STUDENT INFORMATION

Student's Last Name	First	MI	SS# or Sinclair ID	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 Community College. I have read the Pertinent Information for Parents/Guardians and Students Participating in the College Credit Plus Program. I understand that the 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 and books.

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

Parent/Guardian Signature	Date
---------------------------	------

SCHOOL INFORMATION

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

Student's class status as of the next academic year:

7th Grade 8th Grade Freshman Sophomore Junior Senior

Student's SSID# _____

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 at least one requirement.):**

- Student needs to complete the Accuplacer test in order to determine course placement and eligibility.
- Student has received the following ACT sub-scores: _____ in English _____ in Math
- Student has completed the following high school courses with a B average:
 - 2 units of College Prep English
 - Algebra II

School Official Name (please print)	Signature	Date
Title	School	