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HILLSDALE PK-6
419-368-4364

HILLSDALE 7-12
419-368-6841

CENTRAL OFFICE
419-368-8231

College Credit Plus
Statement of Intent
(Revised 1/24/24)

I have read the handouts containing information about the College Credit Plus program. I have also discussed my responsibilities, concerns, and possible consequences with the 7-12 guidance counselor.

My signature below serves as my intent to participate in the College Credit Plus Program. I understand that it is my responsibility to notify Hillsdale Local Schools if I do not obtain post-secondary admission or choose not to participate for some other reason.

Student's Name: _____

Student's Signature: _____

Parent's Name: _____

Parent's Signature: _____

Date submitted to the 7-12 guidance office: _____
(Must be submitted by April 1st)

*If you fail a course(s) or drop the course after the college's drop-by date, you become responsible for submitting payment to Hillsdale Local Schools for any financial obligations associated with the course(s).

**For College Credit Plus courses that are taken at the college/university or taken online and require a book, Hillsdale Local Schools will pay for those books and the books must be returned to Hillsdale Local Schools. A failure to return those books to Hillsdale Local Schools will result in a financial obligation, and you will be responsible for submitting payment to Hillsdale Local Schools.