**Olmsted Falls City School District**

Olmsted Falls High School

26939 BAGLEY ROAD

OLMSTED FALLS, OHIO 44138

(440) 427-6100

FAX (440) 427-6110

www.ofcs.net

HOLLY J. SCHAFER

*Principal*

SEAN W. BAKER

*Assistant Principal*

ROBERT M. COXON

*Athletic Director/Assistant Principal*

PATRICK A. GRIFFIS

*Assistant Principal*

SCHOOL COUNSELORS

AIMEE CALDRONE

MARIDI GURTSAK

LISA PALMISON

LAUREN PETERSON

## “INTENT TO PARTICIPATE”

(Please Print)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am interested in the

 Student Name Year of Graduation

College Credit Plus program. My son/daughter would like to be involved for

the 2016 - 2017 academic year. I understand that my student needs to

 gain acceptance by the college offering the CCP program and

 submit ACT/SAT scores or take appropriate placement tests prior to CCP

 course registration.

My student is interested in taking coursework in the following subject areas:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: THIS FORM MUST BE COMPLETED AND RETURNED TO THE OFHS GUIDANCE OFFICE**

**BY APRIL 1, 2016.**

H:CCP/FORMS