



**Arlington Local Schools
College Credit Plus
Mandated Counseling Form
2026-2027 School Year**

This form must be returned by April 1, 2026. Failure to meet this deadline will result in ineligibility to participate in College Credit Plus during the 2026-2027 school year.

1. I understand that to participate in College Credit Plus (CCP), I must be a full-time enrolled student (minimum of 6 credits), obtain a remediation free score on a college assessment if I do not have a 3.0 GPA, and be accepted by an institution(s) of higher education according to their established admission and program requirements.
2. I understand that as a participant in CCP that I am still responsible for meeting all course and test requirements for graduation as determined by the State of Ohio and Arlington Local Schools.
3. I understand that I am limited to a maximum of 30 college credit hours per academic year and 120 college credit hours for my high school career. I understand that my maximum limit per year will decrease depending upon the combination of courses I elect to take at the high school.
4. I understand that courses I elect to take must meet state guidelines for participation and should meet either my high school graduation, general course of study or specific degree or certificate requirements.
5. I understand that I must choose to participate in CCP under Option A (courses count for college and/or high school credit) or Option B (courses must count for college and high school credit) and that I cannot change this option on a course once declared.
6. If I choose to participate under Option A, I understand that I am personally responsible for all tuition, books, materials and fees related to my courses.
7. If I choose to participate under Option B, I understand that Arlington Local Schools will be fully responsible for the cost of tuition and books related to my courses taken at a public institution(s) of higher education. I understand that if I elect to take courses under Option B at a private institution(s) of higher education that I may be held partially responsible for a portion of the cost.
8. I understand that I may take courses on the campus of the institution(s) of higher education, online and/or at the high school by an approved instructor. I understand that I may take courses from one or more participating institutions of higher education.
9. I understand that I am responsible for transporting myself between the school and the institution of higher education and that Arlington Local Schools will not provide me with transportation or reimbursement.
10. I understand that while I am a participant in CCP, the high school schedule is to take precedence over that of the institution(s) of higher education. I understand that I am legally obligated to be in attendance at the high school during my designated periods regardless of my college schedule.
11. I understand that I am responsible for signing in and out of the building when leaving or returning from college classes. I understand that while I am in the building during unscheduled times, I must ask permission from the office to be in another supervised location.

12. I understand that in order to be eligible to participate in CCP, my parent(s)/guardian and I are mandated to receive counseling on the program and that said counseling has been provided at the annual CCP meeting provided by Arlington Local Schools.
13. I understand that I must submit my "Intent to Participate Form", "Permission Slip" and "Mandated Counseling Form" to the Arlington High School counseling office by April 1 of each year. I understand that no late paperwork will be accepted and eligibility for the program for Summer and Spring Semesters will be denied if this deadline is not met.
14. I understand that, regardless of any dates advertised by the institution(s) of higher education, my college schedule for each term must be submitted to the Arlington High School counseling office by the following deadlines: last day of AHS's Semester 2 for summer term, 1 week prior to the start of AHS's Semester 1 for fall term and last day of AHS's Semester 1 for spring term. I understand that no late schedules will be accepted and eligibility for the program for that given term will be denied if this deadline is not met.
15. I understand that I will be assigned an advisor from the institution(s) of higher education and that I must use this advisor to assist me with scheduling my courses and other college-related questions.
16. I understand that as a participant in CCP, I have full access to the support services provided to all enrolled students at the institution(s) of higher education. I understand that if I require assistance with my college coursework, I am to utilize these services for academic assistance with college coursework.
17. I understand that all grades earned through CCP courses taken under Option B will be placed on my high school transcript and factored into my grade point average and class ranking. I understand that Option A courses that I elect to receive high school credit for will be treated the same. I understand that CCP courses will not be taken into consideration in determining quarterly honor roll. I understand this may affect my class standing and eligibility for honors recognition, scholarships or athletic eligibility.
18. I understand that **if I fail** or withdraw from a CCP course after the institution(s) of higher education's allowable drop date, **I will be held financially responsible to repay to Arlington Local Schools all costs related to the course.** I understand that if I am found to be economically disadvantaged that I will not be responsible for any costs related to a failed/dropped course.
19. I understand that my continued participation in the CCP program is dependent upon my successful completion of courses and that low academic performance or excessive withdrawals may result in me being placed on probation with restrictions or dismissed from the CCP program.
20. If I am utilizing the flexibility of open campus while enrolled in a CCP course, I understand that if I fail said CCP course I will also be required to stay at Arlington High School for the entirety of the school day.
21. I understand that if I disagree with any decision or policy regarding CCP, that I have the right to file an appeal with the district superintendent and that all decisions rendered regarding said complaint will be final.

I understand that by signing this form, I am verifying that I have received counseling regarding my participation in College Credit Plus and agree to abide by the policies and rules set forth by Arlington Local Schools.

Student Name (printed)

Student Signature

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature

Date