

CCP PLAN (2017-2018)

Student Name _____ Grade during 2017-2018 _____

Parent Name _____ Parent Email _____

Date that you sent the Intent to Participate form to ODE _____ Emailed OR Mailed

I am planning on taking (check all that apply):

A course held at NC through COTC: _____ Psychology _____ Composition

An online course through:
_____ COTC _____ OSU _____ U/Toledo _____ MVNU _____ Other (specify): _____

An on-campus course through:
_____ COTC _____ OSU _____ U/Toledo _____ MVNU _____ Other (specify): _____

A summer course through:
_____ COTC _____ OSU _____ U/Toledo _____ MVNU _____ Other (specify): _____

Please list topics/subjects/courses that you are considering: _____

By signing below, you are declaring that you are planning on participating in the CCP program next year.

Student Signature

Date

Parent Signature

Date

FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to Newark Catholic High School, allowing the release of their education records the high school. For additional information, visit the U.S. Dept. of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

I, *(print student name)* _____ give permission to all of the universities listed below to release my academic educational records to Newark Catholic High School for the purposes of notifying my family of my progress and academic accomplishments and posting this progress to the school's online grade program during the 2017-2018 school year.

List any colleges or universities you are applying for admission to:

1.

2.

3.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I further understand that until revocation of this document is formalized, this consent shall remain in effect and my educational records will continue to be provided to Newark Catholic High School for the specific purpose described above.

Student Signature

Date

Parent Signature

Date

**RETURN TO MRS. WELCH WITH YOUR
INTENT TO PARTICIPATE FORM BY 3/1/2017**

For office use only: