

North Ridgeville High School
Application for Credit Flexibility Plan

This application must originate in GUIDANCE with Counselor/Student conference.

Counselor Signature: _____ Date: _____

STUDENT INFORMATION

Student Name: _____ Grade: _____

Student Phone Number: _____

Student Email: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number/email: _____

Reason for pursuing a Credit Flexibility Plan:

COURSE INFORMATION

Name of Course: _____ Teacher of Record: _____

Is there an organization or individual(s) to support your proposed credit earning activity? Describe:

Please provide a thorough explanation of your goals and timelines (add attachments if needed):

COURSE TIMELINE

Check Session	Session	Application Date	Completion Date
	Summer	May 1	August 15
	Semester 1	May 1	January 15
	Semester 2	November 1	May 1- Seniors
	Semester 2	November 1	June 1- Underclassmen
	Year Long	May 1	May 1- Seniors
	Year Long	May 1	June 1- Underclassmen

The student and parent must initial each item below as indication of having read and accept the following:

Parent Student

- _____ _____ The student will hold primary responsibility for the overall success or failure of the course.
- _____ _____ The student's teacher of record and/or other school authorities have the right to cancel this course/credit option if: (1) the student violates any rule/policy stated in the NRHS Student Handbook; (2) the student does not regularly and actively engage with the teacher and course material; or (3) the student does not make steady progress toward completion of the course.
- _____ _____ The teacher of record reserves the right to remove the student from the course (withdrawn with penalty) for issues involving plagiarism and copyright violation.
- _____ _____ There are NO weighted grades for credits earned through credit flexibility.
- _____ _____ The teacher of record's decision regarding a withdrawal from the course may be appealed to the Principal. A letter outlining the reason(s) for the appeal must be received by the Principal within 10 calendar days following notification of withdrawal. The Principal's decision on the appeal is final. The student's decision to withdraw their Flex Credit Plan must be done by the 20th day from the approved start date.

Please list two check-in dates at which time you will present evidence that you are making progress in your CFP:

Check in date 1: _____

Check in date 2: _____

SIGNATURE SECTION

STUDENT

Your signature indicates that you have discussed the above statements with your parents, understand the commitment you are making, and agree to the policies set forth by North Ridgeville High School.

Student Signature: _____ Date: _____

PARENT/GUARDIAN

Please read and discuss the above statements as well as the Credit Flexibility Information and Guidelines with your student. Your signature indicates that you have read these and agree to the policies set forth by North Ridgeville High School. Your signature also relieves the school of any liability for your son/daughter during times in which your student is working on this course outside of school.

Parent Signature: _____ Date: _____

Below is for school office reporting only.

Course and Section Number: _____

Course Duration:	Summer	_____	Year-long	_____
	Semester 1	_____	Semester 2	_____

School Year: _____

Letter Grade: _____ Amount of Credit: _____

Teacher of Record Signature: _____

Date added to transcript and put into file: _____