

CREDIT FLEXIBILITY APPLICATION

Steps of the Application Process

1. Discuss possible credit flex plan with your counselor and parents.
2. The application is available on our school website.
3. Download related course information from the Ohio Department of Education Content Standards. You will need these guidelines to help you complete this application.
4. Be prepared to attend a meeting to discuss your proposal or to re-submit it as necessary.
5. Once the application is approved, the course must be completed as indicated by the committee.

Timelines and Deadlines

Session 1 - application deadline- May 1

- ✓ Course must be completed by the end of the 1st semester for grades to be posted at the end of Semester 1. The end of the semester will be based on the Oregon City Schools calendar.

Session 2 - application deadline- October 1

- ✓ Course must be completed by the end of the 2nd semester for grades to be posted before the new school year. The end of the semester will be based on the Oregon City Schools calendar.

Appeal Process – For a denied application

- Step one – meet with building Principal/Assistant Principal
- Step two – meet with Superintendent or his/her designee
- Step three – meet with Board of Education and their decision is final

CREDIT FLEXIBILITY APPLICATION

Name _____ Student ID _____

Grade _____ Date of Birth _____ Age _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Parents'/Guardian Signature _____

**Application Due Date: May 1st for 1st Semester
October 1st for 2nd Semester**

What do you hope to accomplish in participating in this opportunity?

Method of achieving credit/grade: Teacher & student to agree upon how credit/grade will be earned and submitted plan must be approved by committee prior to begin date as stated below. (Ex: project, portfolios, research papers, test, quizzes and other appropriate assessments.) Please write your plan for grade calculation.

Name of Course: _____ as listed in Clay High School Course Offerings.

Course Code Number _____

Credit to be earned: (select one): .25 .50 1.0 _____ Specify other credit options
(only for P.E.)

Grade - A letter grade will be earned based on the Oregon City Schools adopted grading scale.

Begin Date: _____ End Date: _____
which will coincide with the semester begin & end dates.

Adult Supervisor(s)/Teachers(s)/Mentor(s): An official letter must be provided by each person listed verifying time, effort, and performance level upon completion of this activity.

Provide names, title and contact information below:

Name	Title	Cell phone #	Email

Teacher's signature _____

General Information & District Guidelines

Student Name: _____ Date: _____

Student ID number: _____ Current Grade Level: _____

To the STUDENT:

Please read the following statements and then initial next to the statements indicating that you understand the policies. I understand that:

- _____ I must maintain my enrollment in minimum of six credits. This does not pertain to Post Secondary Option students.
- _____ I understand that academic honesty rules apply just as they do in a traditional class setting.
- _____ I must meet attendance requirements set forth by my plan.
- _____ I am responsible for ensuring that I have met graduation requirements by established deadlines to participate in graduation.
- _____ I recognize that this option of credit flexibility may not adequately prepare me for subsequent courses and/or required state assessments.
- _____ I am responsible for maintaining my OHSAA athletic eligibility, and eligibility will be calculated in the same manner as Post Secondary Options Students.
- _____ If I am planning to participate in athletics in college, I have referred to NCAA requirements at www.eligibilitycenter.org. I am an athlete in which sport _____.
- _____ I am/am not (circle) on an IEP or 504 and request support services per my Individual Education Program or 504 Plan.
- _____ If a student withdraws from the class after June 15th for a 1st semester class and November 15th for a 2nd semester class the student will receive a Withdraw Fail (WF) and the grade will be entered on their transcript . He/she may not repeat a class using Credit Flexibility, but may retake the class in the traditional seat time manner according to the Clay High School class re-take policy. An Incomplete (I) may be granted by the approval committee based on individual circumstances.

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

Signature of Student _____ Date _____

To the Parent/Guardian of the student submitting a flexible credit application: Please read and discuss the above policies with your student. Your signature indicates that you have read the above statements and agree to the policies set forth by Clay High School. Your signature also relieves the school of any liability for your son/daughter during times in which your student is not required to be at school due to this flexible credit plan, should it be accepted.

Signature of Parent/Guardian _____ Date _____

State of Ohio Content Standards	Explain how you will demonstrate proficiency in this standard.	Explain how this standard will be measured

FOR OFFICE USE ONLY

To be completed by CHS Credit Flexibility Interdisciplinary Team

Student Name _____

Student ID number: _____

Received by: _____ Date Received _____
(Administrator/Counselor)

Present Level of Academic Achievement

Cumulative Grade Point Average _____ (End of prior semester)

Total Credits Earned _____ Credits in Progress _____ All Credit Flexibility credits in progress _____

Athlete in what sport _____

Members present:

Concerns:

Status: Approved/ Denied Request Resubmission

Decision Date

Resubmission Date(s):

Approved Flexible Credit Completion

Date

Course Name _____ Course Code Number _____

Final Grade for Flexible Credit Course _____ Credit Earned _____

Instructor Granting Credit _____

Date Grade was posted on transcript _____