



# CollegeCredit PLUS

College Credit Plus (CCP) is a popular choice for students – and for good reason. This program allows students to earn college credits while in high school, all for free. Under this program, students enroll in courses at LCCC and receive dual credit for high school requirements and for college credit. These credits may be used at LCCC or for transfer to the college or university of choice after high school graduation. Even books and other fees are covered for students.

### Application for Participation Procedures

Students wishing to participate in College Credit Plus or Credit In Escrow are required to complete the following steps.

1. The application materials contained in this packet: Section 1 – LCCC Application for Admission; Section 2 – High School/School District Information; and Section 3 – Emergency Medical Treatment Authorization Form.
2. Official high school transcripts (or equivalent for home-educated students), need to be received by LCCC prior to enrollment in college courses. Students should request that the high school submit their transcript with their application.
3. Students may submit their application to either their high school counselor or the completed application and transcript may be mailed directly to the LCCC Special Admissions Office, 1005 North Abbe Road, Room LC157, Elyria, OH 44035.
4. Students must complete the COMPASS assessment or submit ACT or SAT scores in order to be considered for the program.
5. All new students must complete an orientation and meet with an LCCC advisor or counselor prior to scheduling classes.

**Section 1 LCCC APPLICATION FOR ADMISSION**  
**1005 Abbe Road North • Elyria, Ohio 44035**  
**Elyria 366-4032 • Toll Free 800-995-5222**

Please use blue or black ink. Complete numbers 1 through 19 of the application.

**1. Full legal name:**

|       |       |                |
|-------|-------|----------------|
| _____ | _____ | _____          |
| Last  | First | Middle Initial |

**2. Social Security Number (required for state reporting):**

\_\_\_\_\_

**3. Please list all former names:**

|             |       |                |
|-------------|-------|----------------|
| _____       | _____ | _____          |
| Last/Malden | First | Middle Initial |

**4. Legal home address information (a Post Office Box is not a legal address):**

|                            |        |                                |         |
|----------------------------|--------|--------------------------------|---------|
| _____                      | _____  | _____                          | _____   |
| Number                     | Street | Apt.                           | County  |
| _____                      | _____  | _____                          | _____   |
| City                       | State  | Zip                            | Country |
| _____                      |        | _____                          |         |
| Area Code/Telephone Number |        | Length of Time at This Address |         |

E-mail Address \_\_\_\_\_

**OFFICE USE ONLY**

Student No. \_\_\_\_\_  
 School \_\_\_\_\_ Standing \_\_\_\_\_

**5. Mailing address (if different than legal address):**

|                            |        |                                |         |
|----------------------------|--------|--------------------------------|---------|
| _____                      | _____  | _____                          | _____   |
| Number                     | Street | Apt.                           | County  |
| _____                      | _____  | _____                          | _____   |
| City                       | State  | Zip                            | Country |
| _____                      |        | _____                          |         |
| Area Code/Telephone Number |        | Length of Time at This Address |         |

**6. If you are not a financially independent student, give the name and permanent address of the person upon whom you are dependent:**

|                            |                |                                |         |
|----------------------------|----------------|--------------------------------|---------|
| _____                      | _____          | _____                          |         |
| First Name                 | Middle Initial | Last Name                      |         |
| _____                      | _____          | _____                          |         |
| Number                     | Street         | Apt.                           | County  |
| _____                      | _____          | _____                          | _____   |
| City                       | State          | Zip                            | Country |
| _____                      |                | _____                          |         |
| Area Code/Telephone Number |                | Length of Time at This Address |         |

Relationship \_\_\_\_\_

**7. Gender:**  Female  Male

**8. Date of birth:**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| Month | Day   | Year  |

|                 |       |         |
|-----------------|-------|---------|
| _____           | _____ | _____   |
| Birthplace City | State | Country |

**9. Are you Hispanic and/or Latino?**  Yes  No

**10. Race:** Please check one or more.  
Circle primary race if more than one is checked.

- American Indian or Alaska Native |  Asian |  Black or African American  
 Native Hawaiian or Pacific Islander |  White

Race/Ethnic information is strictly voluntary and used for federal reporting purposes only. It is the policy of LCCC that no person shall be subject to discrimination in any relationship to the College because of race, age, color, sex, religion, disability, national origin or veteran status.

**11. Are you a United States citizen?**  Yes  No

If no, check and complete one of the following and attach a copy of your I-94 and passport I.D. page.

Non-immigrant. Indicate expected visa type (e.g. F-1, J-1, etc.): \_\_\_\_\_

Permanent resident. Indicate alien number: A \_\_\_\_\_

Date status received: mo \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_

Refugee. Indicate file number: A \_\_\_\_\_

Date status received: mo \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_

**12. Residency information:**

Length of continuous residence in Ohio: Years \_\_\_\_\_ Months \_\_\_\_\_

If you have lived in Ohio less than 12 months, your previous State of residency was: \_\_\_\_\_

Are you dependent for more than one-half of your financial support on a person residing in Ohio?  Yes  No

Are you dependent for more than one-half of your financial support on a person residing in Lorain County?  Yes  No

(Continued on reverse side)



**Lorain County Community College**

# LCCC Application for Admission, continued

### 13. Selective Service (to be completed by males only):

NOTICE: Required by State of Ohio. Under section 3345.32, if you are a male age 18 through 26, you are required to submit this information.

Selective Service Number \_\_\_\_\_

If you have not registered, you must indicate below the reason(s) why you are not required to register:

- I am under 18 years of age.
- I am a non-immigrant alien lawfully in the United States in accordance with Section 101(A)(15) or the "Immigration and Nationality Act" U.S.C.1101, as amended.

### 14. What year and term do you plan to enroll?

Check one and enter the year.

- Fall (August)  Spring (January)  Summer (May or June) Year \_\_\_\_\_

### 15. Educational history:

Current School Attending \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended From To

Are you a JVS/Career Center Student?  Yes  No *If yes, please list school:* \_\_\_\_\_

### 16. Where will you take your LCCC courses? At my high school

- At LCCC  At both places  At a JVS or Career Center

### 17. I am currently in/a: 6th Grade 7th Grade 8th Grade

- Freshman  Sophomore  Junior  Senior

Expected date of high school graduation \_\_\_\_\_

### 18. Have you attended college before?

- Yes  No *If yes, please complete question 19.*

### 19. List any other colleges or universities you have attended:

Note: You are responsible for submitting official transcripts from these institutions if you want credits for these courses to be considered for credit at LCCC.

College/University \_\_\_\_\_

College/University \_\_\_\_\_

## HIGH SCHOOL STUDENT PARTICIPATION FORM

### Responsibility Acknowledgement for Student

I certify the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that misrepresentation of facts on the application may be cause for refusal of admission, cancellation of admission or dismissal from the College as provided in the Lorain County Community College Policies and Procedures.

The Family Education Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. When a student attends courses beyond the high school level regardless of age these privacy rights belong to the student, not the parent. LCCC will report grades and appropriate information to me, my high school counselor and other educational entities in accordance with FERPA guidelines.

I am aware that the content of college courses is geared toward adult students and may contain material normally reserved for adults. I also understand that I will have the opportunity to use computer labs on campus with Internet access. I will not abuse this privilege by purposely logging on to inappropriate sites. I believe that I have the maturity to be a successful student in the college environment.

As a College Credit Plus (CCP) student I understand that textbooks and materials provided to me through the CCP program must be returned to the college in a timely manner. I also understand that I must provide written notice to my high school counselor or other authorized official before withdrawing from any course(s).



Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Section 2 COUNSELOR High School Information Form High School/School District Information

Note: This section to be completed by a high school principal, counselor or other appropriate school official.

Please check all that apply:  College Credit Plus  Credit In Escrow

Is this student home educated?  Yes  No

### Student's class status as of the next academic year:

- 7th Grade  8th Grade  Freshman  Sophomore  Junior  Senior



School Official Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

## Section 3 PARENT Emergency Medical Treatment Authorization Form

Note: This section to be completed by parent or legal guardian.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work or Cell Phone Number \_\_\_\_\_

### PARENT OR GUARDIAN PERMISSION TO PARTICIPATE

I, \_\_\_\_\_, give permission for my son/daughter to participate in one or more of the following programs: College Credit Plus (CCP) or Credit in Escrow (CIE). I understand the college environment does not provide extraordinary measures of safety as practiced in K-12 school buildings. Furthermore, institutions of higher education, LCCC included, provide unrestricted access to learning resources and information without additional filters that may be found in public and K-12 libraries and computer labs. I have read the High School Student Participation Form (above) and understand his/her responsibilities. By my signature, I give permission for my child to participate in CCP or CIE, and acknowledge that my child will be expected to learn college level content that may contain material normally reserved for adults.



Parent or Guardian Signature \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Date \_\_\_\_\_



Make sure you've signed everywhere this icon indicates.