

**Educational Program Options (Credit Flex)**  
**Jackson High School**  
**Application**

Student Name:	Date:	Current Grade:
Building:	Parent Name:	
Student Phone Number:	Parent Phone Number:	
Student Email:	Parent Email:	

Credit Flex is an opportunity for students to earn HIGH SCHOOL CREDIT. All students should spend time discussing this credit flex option with their parents and school counselor. Please thoroughly and thoughtfully answer the following questions.

1. How does this credit flex relate to my high school goals, future academic goals and/or occupation goals?

2. What skills do I need to demonstrate to be successful in this plan?

3. After reviewing the curriculum for this course, state in your own words what skills/content you will need to demonstrate mastery. Credit Flex curriculum is available on the Student Services webpage or hard copy in the high school Student Services office.

# Educational Program Options (Credit Flex) Jackson High School Application

Check any of the following that apply:

I have an Individual Education Plan (IEP) or a Section 504 Plan.

I participate in, or plan to participate in, school-sponsored athletics or to participate in athletics at the collegiate level.

I have a Written Education Plan (WEP) for gifted services.

**Type of Educational Option for which you are applying:**

Online Course*	Provider: _____
Mentorship/Internship*	Provider: _____
Educational Travel*	Organization: _____
Independent Study Course*	Provider: _____
Competency Demonstration	Method: Jackson Local Curriculum
Other*	

**\* Parent is responsible for background checks on any third party provider.**

**Information on Provider/School/Institution if not using Jackson Curriculum:**

Name:	
Contact:	
Street Address:	
City/State/ Zip:	
Phone/Fax:	
Web Address:	

Examples may be: Trecra, Meta Solutions, Canton City Schools Summer Program, YMCA, Summer Camp, etc.

**There will be no checkpoints over the summer.**

COURSE TITLE*	CREDIT TO BE EARNED	BEGINNING DATE OF COURSE	ENDING DATE OF COURSE/FINAL ASSESSMENT DUE

\*By credit flexing a core course, the student is advancing through the typical course progression and will be considered subject accelerated in that content area. If the course is completed successfully, the student will receive a Written Acceleration Plan.

The student has five (5) school days from the stated Beginning Date of the Course to withdraw from the course without penalty. If the course(s) is not completed, all grading, assessment, and recording policies as detailed in this application will apply. Recorded/transcripted grades will be part of a student's cumulative grade point average at Jackson High School.

This proposal has been approved

This proposal has been denied (You may appeal this decision within 10 school days)

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**SIGNATURES OF EDUCATIONAL OPTIONS TEAM MEMBERS:**

*I fully understand the requirements and guidelines of the proposed class and the grading/assessment criteria as established above. \* I have received the information regarding Credit Flexibility and Athletic Eligibility as it applies to OHSAA regulations and NCAA eligibility.*

Title	Date	Signature
Building Administrator:		
School Counselor:		
Content Area Specialist:		
Student:		
Parent:		

**General Information and District Policies**

**To the student:**

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

I understand that:

- If my credit flex proposal is accepted, I will earn a letter grade (A, B, C, D, F) for the course.
- The grade and credit that I earn will appear on my transcript, regardless of the final grade and will be calculated in my GPA.
- Weighted credit cannot be obtained through a credit flex course.
- I may not drop a credit flex course after the drop date (five school days). If I drop after the drop date, I will receive an “F” on my transcript.
- I will abide by JLSD drop timeline of five days regardless of the Provider’s deadlines.
- Academic honesty rules apply just as they do in a traditional class setting.
- I am responsible for meeting graduation requirements.
- I am responsible for ensuring that I have met graduation requirements by established deadlines to participate in senior graduation.
- I am responsible for maintaining my academic eligibility.
- I recognize that the course may not match the academic standards for JHS and may not adequately prepare me for subsequent courses and end of course exams.

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

Signature of Student: \_\_\_\_\_/Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_/Date: \_\_\_\_\_

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**ASSESSMENT/EVALUATION FORM**

**EDUCATIONAL PROGRAM OPTIONS FINAL GRADE REPORT**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Building:           JMMS           JHS

**Course:** \_\_\_\_\_

The student is awarded credit \_\_\_\_\_ and a transcribed grade of \_\_\_\_\_ will be given.

The student did not meet the requirements to complete the credit flexibility guidelines and earned an F in the course with no credits awarded.

Signature of Evaluator: \_\_\_\_\_/Date: \_\_\_\_\_