



BHS STATEMENT OF RESPONSIBILITY 2020-21

Printed Student Name: _____ Who Attended: ___Parent ___Student

Date Attended (check one):

___Student A/I Meeting on: Circle one: January 22nd , February 4th, or March 3rd

___Parent Meeting on: Circle one: January 30th or February 27th

___Individual Counseling-Date: _____

___ Online-Date: _____

We have participated in the Bellefontaine City School’s counseling program for students who wish to enroll in the College Credit Plus program.

We understand the potential positive and negative consequences that could result from such participation and take full responsibility for the decision. We agree to release the District from any liability or responsibility related to participation in this program.

Signatures: (Only those who participated in the session specified above need to sign. Multiple forms per student are okay.)

Student

Parent

Address: _____

City and Zip: _____

Telephone: _____