

# CREDIT FLEXIBILITY AGREEMENT

Groveport Madison Local School District

This form is used for either a Credit Flexibility Option B Test Out attempt or an Option C Portfolio attempt. If used for an Option B attempt, the form must be completed and given to a counselor. If used for an Option C attempt, the form must be completed and given to a counselor who will upload the signed document to the student's Option C Portfolio.

## OPTION B TEST OUT for \_\_\_\_\_ (Course)

By signing this agreement, the student and parent/guardian (if student is under eighteen years old) acknowledge understanding the Groveport Madison Credit Flexibility policies and plan that are referenced and explained on the GMLSD website.

The signatures in this section indicate the intention for the student to test out of the indicated course. If the student successfully passes the test and wishes to accept the credit then the student will neither attend nor otherwise participate in the class for which the test out attempt is made.

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

Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Educator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## OPTION C PORTFOLIO for \_\_\_\_\_ (Course)

By signing this agreement, the student and parent/guardian (if student is under eighteen years old) acknowledge understanding the Groveport Madison Credit Flexibility policies and plan that are referenced and explained on the GMLSD website.

The signatures in this section indicate the intention for the student to complete an Educational Options experience to substitute for the indicated course. If the student successfully completes the experience including the Option C Portfolio, earns a passing score, and wishes to accept the credit then the student will neither attend nor otherwise participate in the class for which the Educational Option substitutes.

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

Parent \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Educator \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_