(SAMPLE) APPLICATION FOR ENROLLMENT

PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

|  |
| --- |
|   Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Name  |
|  Last First Middle Maiden  |
| Present Address  |
|  Number Street City State Zip  |
| Telephone ( )  | Cell Phone ( )  |
| Age  | Date of Birth [ - - ]  |
| Do you have a driver’s license?  Yes  No Do you have access to a car/other mode of transportation?  Yes  No  |
| Career and Technical Occupational Program Completed or Enrolled In:  |
| Career Objective: 1st Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Parent/Guardian Name(s)  | Business or Cell Phone ( )  |
| Parent/Guardian Address  |
|  Number Street City State Zip  |
| Are you interested in summer employment? Yes No Full-time Part-time  |
| Indicate the type of business in which you prefer to work: (Example: bank, dental, retail store, legal, manufacturing, insurance, automotive, medical, etc.)  First Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Do you intend to further your formal education after high school?  Yes  No  |
| Are you under a doctor’s care?  Yes  No Do you have any health problems that would interfere with your regular attendance on a job?  Yes  No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Previous Work Experience (List most recent position first.)  |
| Employer  | Type of Work  | Employment Dates  |
|   |   |   |
|   |   |   |
|   |   |   |

Current Class Schedule

|  |  |  |  |
| --- | --- | --- | --- |
|   | Class  | Teacher  | Grade Point Avg.  |
| 1st Period  |  |  |  |
| 2nd Period  |  |  |  |
| 3rd Period  |  |  |  |
| 4th Period  |  |  |  |
| 5th Period  |  |  |  |
| 6th Period  |  |  |  |
| 7th Period  |  |  |  |

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List as references the names of three teachers who can attest to the quality of your work. One must be your current or previous occupational teacher.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Career and Technical EducationTeacher)
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Student:

Work-Based Learning provides an opportunity to be considered for employment/training in business and industries in our area. When you enroll in Work-Based Learning, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. If you accept this responsibility, please sign in the space provided.

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

 To the Parent/Guardian:

Do you consent to your child entering Work-Based Learning, providing transportation, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Be Completed by the Workplace Experience Coordinator.

 Current Attendance Record: No. Absences \_\_\_\_\_\_\_\_ No. Tardies \_\_\_\_\_\_\_\_\_\_\_\_

 Current Disciplinary Record: Total Reports \_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_

List Career and Technical Courses that determine student’s eligibility for participation:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Verified By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor/School Administrator/Cooperative Education Teacher-Coordinator

 Status of Application:  Pending  Approved  Not Approved

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