Clear Creek HS
CAREER & TECHNICAL EDUCATION
PROGRAM APPLICATION

RETURN APPLICATION TO PROGRAM TEACHER

CONFIDENTIAL **CONFIDENTIAL**

- ☐ Teacher Education Training (formerly Ready, Set, Teach) – Ms. Yancey, Room G112
- ☐ Health Science II - Clinical Rotations - Ms. Elcure or Ms. Ullmann, Room C204 or G124
- ☐ Health Science – Pharmacy Technician - Ms. Elcure or Ms. Ullmann, Room C204 or G124
- ☐ Health Science – Independent Study Mentorship-7599 - Ms. Elcure or Ms.Ullmann, Room C204 or G124
- ☐ ISM-Independent Study Mentorship-7499 – Ms. Camp, Room D125
- ☐ Practicum in Agriculture and Longhorn Project – Mr. Stokley, Room AG 105
- ☐ Child Guidance (Trooper School) - Ms. Fanders, Room G125
- ☐ Construction Technology II – Mr. Sheets, Engineering Lab 1
- ☐ Practicum in Construction Management – Mr. Sheets, Engineering Lab 1
- ☐ Metal Manufacturing I/II – Mr. Gibbs, Metal Shop
- ☐ Audio/Video Production I/II – Mr. Huebner, Room B109/G113

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL BEFORE THE APPLICATION IS RETURNED. DO NOT LEAVE ANY BLANK SPACES.

Student's Full Name (PLEASE PRINT) _____ Student's Email Address _____ Grade Level Next Year _____ Early Graduate (YES/NO) _____

Student ID# _____ Birth date (month/day/year) _____ Social Security # _____ Small Learning Community (SLC) _____

Complete Mailing Address (Street, Route, Box, Etc.) _____

City _____ Zip Code _____ Home Phone # _____ Student Cell Phone # _____

Father's Name _____ Employer _____ Work or Cell Phone # _____

E-mail Address _____

Mother's Name _____ Employer _____ Work or Cell Phone # _____

E-mail Address _____

Are there prerequisites for this course? (YES/NO) If so, what are the prerequisites and have you met them?

Have you ever been assigned ISS or AEP? If yes, explain (details).

Some programs **require transportation.** Does the program you are applying for require transportation? (YES/NO) If so, will you be able to provide your own? (YES/NO)

What are your career plans after high school?

What promoted your interest in this program?

This school district, in compliance with Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Public Law 94-142 and other statutes, seeks to provide equal opportunity without regard to race, color, religion, national origin, sex, age, or handicap.

STUDENT/PARENT AGREEMENT

_____ has my permission to enroll this Career and Technical Education program for the 2010-11 school year.
(Student's Name)

_____ _____
(Student's Signature) (Date)

_____ _____
(Parent's Signature) (Date)

THE INFORMATION BELOW IS TO BE COMPLETED BY SCHOOL OFFICIALS ONLY!

REPORT CARD ATTACHED _____

ATTENDANCE INFO ATTACHED _____

DISCIPLINE INFO ATTACHED _____ or NO RECORDS OF DISCIPLINE _____
(only attach if discipline records exist)

Comments on discipline:

_____
_____
_____
_____
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_____

_____ Approved ____ Disapproved ____ _____
Coordinator's Signature Date

Comments:

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