Clear Lake HS
CAREER & TECHNICAL EDUCATION
PROGRAM APPLICATION

RETURN APPLICATION TO PROGRAM TEACHER

CONFIDENTIAL **CONFIDENTIAL**

- ☐ Teacher Education Training – Ms. Arnett, NGC Room 100
- ☐ Hospitality Services - Ms. Albrecht, Room 311 or 305B
- ☐ Health Science II - Clinical Rotations – Ms. Finch, Ms. Saldua, or Ms.Serrato, Room 603, 604, or 605
- ☐ Health Science – Pharmacy Technician - Ms. Finch, Room 603
- ☐ Health Science – Independent Study Mentorship-7599 - Ms. Saldua or Ms. Serrato, Room 604 or 605
- ☐ ISM-Independent Study Mentorship -7499- Ms. Richardson, Room 309
- ☐ Practicum in Agriculture and Longhorn Project – Mr. Aaron, Room 621
- ☐ Construction Technology II – Mr. Downhour, Room 405
- ☐ Practicum in Construction Management – Mr. Downhour, Room 405
- ☐ Audio/Video Production I/II – Ms. Gillory, Room 119

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?

STUDENT/PARENT AGREEMENT

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.

_____ 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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