

FOUR COUNTY AREA VOCATIONAL COOPERATIVE
COOPERATIVE ADMINISTERED PROGRAMS

APPLICATION FOR PROGRAM ENROLLMENT DUE 3/19/10

NAME: _____
(LAST) (FIRST) (M.INITIAL) (BIRTHDATE)

HOME MAILING ADDRESS: _____

CITY: _____ STATE: IN ZIP: _____

TELEPHONE: _____ SOC.SEC. #: _____

NAME OF HOME SCHOOL: _____ STN#: _____

GRADE LEVEL FOR **10-11** SCHOOL YEAR: 11 12 (Consult Guidance Counselor if unknown)

PARENT(S)/GUARDIAN(S) NAMES: _____

EMAIL ADDRESS (FOR INFORMATIONAL USE ONLY): _____

PLACE AN (X) BESIDE THE VOCATIONAL PROGRAM OF YOUR CHOICE:

- | | | |
|---|--|---|
| <input type="checkbox"/> AUTO BODY COLLISION REPAIR | <input type="checkbox"/> AUTOMOTIVE TECHNOLOGY | <input type="checkbox"/> CAD |
| <input type="checkbox"/> CONSTRUCTION TRADES | <input type="checkbox"/> CRIMINAL JUSTICE (1 SEMESTER) | <input type="checkbox"/> CULINARY ARTS |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> MACHINE TRADES | <input type="checkbox"/> MARINE MECHANICS |
| <input type="checkbox"/> WELDING | | |

This will be my first year in the selected program –OR–

I am returning for my 2nd year in the selected program

WHAT IS EXPECTED FROM A VOCATIONAL STUDENT:

Our Vocational programs operate under conditions similar to the employment community. We expect you to develop occupational skills and job habits which are acceptable to area employers. Our basic expectations include:

- **Put forth your best effort to learn the skills being taught.** This includes a serious attitude toward instructional demonstrations, book assignments, lab assignments, classroom speaker and field trips.
- **Obey all rules** established by each Vocational program and your home school.
- Develop a pattern of **good attendance**.
- Learn to **work in teams** with other classmates to solve problems related to instructional concepts.
- **Discuss with your program instructor any concerns** you have related to your enrollment in the program. Often, small items can be resolved before becoming large problems.

Parent/Guardian Signature

Date

Student Signature

Date

Required for Enrollment: _____
Guidance Counselor Signature

Special Notes: _____
