



WARREN COUNTY CAREER CENTER 2010 - 11 APPLICATION

Associate School: _____

Graduating Class 20 _____

Legal Name: _____
Last First Middle Name Called Name

Address: _____ **Phone:** (____) _____
Street Name and Number City Zip

Social Security No: _____ - _____ - _____ **Gender:** M F **Birth date:** _____ - _____ - _____
T-Shirt Size: _____ **Hoodie Size:** _____

CAREER CHOICE - Indicate First Choice with 1 and Second Choice with 2:

- | | | |
|--|--|---|
| <input type="checkbox"/> Automotive Collision | <input type="checkbox"/> Electricity | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Electric Line Mechanic | <input type="checkbox"/> Power Systems |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Environmental Controls (HVAC) | <input type="checkbox"/> Project Lead The Way |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Fire Science/EMT | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Veterinary Science |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Greentree Health | <u>SENIORS ONLY</u> |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Culinary Technology | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Project SEARCH |
| <input type="checkbox"/> Digital Design | <input type="checkbox"/> Landscape Technology | <input type="checkbox"/> Sr. Internship |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Legal and Medical | <input type="checkbox"/> Teacher Academy |

TO BE COMPLETED BY PARENT OR GUARDIAN

Father or Guardian Name: _____ **Home Phone:** _____
Cell: _____

Address: _____

Email: _____

Place of Employment: _____ **Work Phone:** _____

Mother or Guardian Name: _____ **Home Phone:** _____

Cell: _____

Address: _____

Email: _____

Place of Employment: _____ **Work Phone:** _____

Emergency Contact: _____ **Phone:** _____
Name and Relationship

A two week trial period will be required of all accepted students. The parent and student agree to comply with this procedure.

Student Signature **Parent Signature**

Associate Counselor Use Only - Date Application Received and initials -

- Full day at the WCCC
- One-half day at the WCCC
- Phase 1: This student has at least 8 credits for admission and is in good standing and on track to graduate with the present sophomore class.
- Phase 2: 5 credits/3 core and written plan
- Phase 3: 2 credits/written plan and vocational evaluation