APPLICATION FOR ADMISSION

2012 - 2013 School Year

NAME_____ BIRTH DATE _____

ADDRESS _____

CITY _____ ZIP CODE _____ SOCIAL SECURITY # _____

High School DC DJ DS F HB HDR HDV JA L MP WJ Other _____

Female ____ Male ____ Grade Level 2012 - 2013 _____ Check One Full Day _____ Half Day _____

Career/Technical Program Choice: First Choice – Mark 1 Second Choice – Mark 2

Agricultural & Environmental
_____Small Animal Care
_____Sports Turf & Landscape Management

Arts & Communication
_____Art Design & Communications
_____Digital Media Production

Business & Information Technology
_____Academy of Business & Finance
_____Computer Network & Support Technology
_____Video Game & Software Design

Construction & Manufacturing Technology
_____Carpentry
_____Engineering Technology
_____Welding & Fabrication Technologies

Health Science
_____Pharmacy Technician
_____Pre-Nursing
_____Pre-Veterinary Technician
_____Sports & Fitness

Human Services
_____Cosmetology
_____Culinary Arts
_____Early Childhood Education

Law & Public Safety
_____Criminal Justice
_____Firefighting/Emergency Medical Service

Transportation
_____Auto Collision Repair
_____Auto Maintenance Specialist
_____Auto Technology
_____Recreational & Power Mechanics

Parent/Guardian Information

Name	Name
Relationship	Relationship
Home Phone	Home Phone
Cell Phone	Cell Phone
E-Mail Address	E-Mail Address
Employer	Employer
Work Phone	Work Phone
Home Address (if different from student)	Home Address (if different from student)

I give my consent for all records and necessary information, used for enrollment and class placement, to be made available and exchanged by schools and their designated personnel. This information may include transcripts, grade reports, attendance records and OGT (Ohio Graduation Test) scores. This district will not re-disclose this information.

Applications are reviewed for acceptance after Tolles receives this completed application AND a transcript verifying completion of two years of high school with eight (8) credits earned, including six (6) in core academic subjects.

_____ _____

Student Signature **Date** **Parent/Guardian Signature** **Date**

_____ _____

Signature of High School Counselor **Date** **Signature of High School Principal** **Date**

Tolles Career & Technical Center does not discriminate against any individual for reasons of race, color, national origin, gender, disability, age, religion, ancestry, socio-economic status, sexual orientation, citizenship or veteran status.