

CARVER CAREER CENTER STUDENT APPLICATION

Name: _____ WVEIS Number: _____
 (First) (M) (Last)

High School: _____ Counselor: _____

Current Grade Level: _____ Current Grade Point Average: _____

Address _____ City _____ State _____ Zip _____

Parent Name _____ Parent Name _____

Home Phone: _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Student Phone _____
 (Home) (Cell) (Work)

Parent Email _____ Student Email _____

Current Math Course you are enrolled _____ Grade in Math _____

Current English Course you are enrolled _____ Grade in English _____

Current Science Course you are enrolled _____ Grade in Science _____

Current Social Studies Course you are enrolled _____ Grade in Social Studies _____

You may find a complete description of courses offered at Carver Career Center by visiting our school webpage at www.carvercareercenter.edu. The courses that will be offered for the 2014 - 2015 school year are:

Advanced Career Course:

____ Advanced Manufacturing

Secondary Courses:

- | | |
|----------------------------|--|
| ____ Agriscience | ____ Electrical Technology |
| ____ Automotive Technology | ____ Industrial Firefighting |
| ____ Carpentry | ____ Health Occupations |
| ____ Collision Repair | ____ Microsoft Computer |
| ____ Cosmetology | ____ Application Specialist |
| ____ Dental Assistant | ____ Pharmacy Technician |
| ____ Drafting Technology | ____ (2 nd Semester Senior) |
| | ____ Welding |

Simulated Workplace Courses:

- ____ Event Planning
 ____ ProStart
 ____ HVAC
 ____ Plumbing

INDICATE IN WHICH PROGRAM YOU WISH TO ENROLL BY PLACING #1 BY YOUR FIRST CHOICE, #2 BY YOUR SECOND CHOICE, AND #3 BY YOUR THIRD CHOICE. (Please pick only your top 3 choices)

******Note: You will only be selected for 1 program******

What is your reason for wanting to enroll in this program? _____

What are your plans after high school? work _____ college _____ career training _____ military _____ other _____

References:

Name: _____ Phone: _____
 (Someone not related to you)

Name: _____ Phone: _____
 (Someone not related to you)

Student Signature: _____ Date: _____

----- Do Not Write Below This Line -----

Student GPA _____ Days Absent in current year _____ Number of Failed Classes _____

Number of Days Absent Past School Year _____