FOUR COUNTY AREA VOCATIONAL COOPERATIVE
APPLICATION AND CONTRACT FOR THE HEALTH OCCUPATIONS PROGRAM

APPLICATION FOR ENROLLMENT DUE TO VOCATIONAL OFFICE BY 2/18/2011

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

I UNDERSTAND AND AGREE TO FULLFILL THE FOLLOWING CONDITIONS OF MY ENROLLMENT IN THE HEALTH OCCUPATIONS PROGRAM, ADMINISTERED BY THE FOUR COUNTY AREA VOCATIONAL COOPERATIVE:

1. APPLICANT MUST CURRENTLY BE A JUNIOR IN HIGH SCHOOL. THE HOE PROGRAM IS ONLY OPEN TO SENIORS
2. MUST PLAN TO ATTEND COLLEGE AFTER HIGH SCHOOL, IN A HEALTH CARE RELATED FIELD.
3. MUST HAVE PASSED THE ISTEP.
4. MUST HAVE ACCEPTABLE ATTENDANCE
5. MUST BE IN THE TOP HALF OF THEIR CLASS, WITH A 2.5 GPA OR HIGHER
6. MUST BE COMMITTED, POSITIVE AND HAVE A GOOD ATTITUDE.

I HAVE READ AN UNDERSTAND THE ABOVE CONDITIONS OF MY ENROLLMENT:

_____ _____
Parent/Guardian Signature (Required) Date

_____ _____
Student Signature (Required) Date

_____ _____
Guidance Counselor Signature (Required) Date

The Four County Area Vocational Cooperative has a policy of providing equal opportunity. All courses are open to all students regardless of race, color, gender, disabilities or national origin, including limited English proficiency.