FOUR COUNTY AREA VOCATIONAL COOPERATIVE
COOPERATIVE ADMINISTERED PROGRAMS

APPLICATION FOR PROGRAM ENROLLMENT DUE TO VOCATIONAL OFFICE BY 03/18/2011

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

MAILING ADDRESS: _____ CITY: _____

TELEPHONE: _____ ALT. PHONE: _____

SOCIAL SECURITY #: _____ STN #: _____

HIGH SCHOOL NAME: _____

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

____ THIS IS MY FIRST YEAR IN THE PROGRAM I AM APPLYING FOR

____ THIS WILL BE MY 2ND YEAR IN THE PROGRAM I AM APPLYING FOR

I WILL BE A ____JUNIOR/____SENIOR FOR THE 2011-12 SCHOOL YEAR

***PLEASE PLACE AN (X) BESIDE THE PROGRAM OF YOUR CHOICE.**
***IF APPLYING FOR MORE THAN ONE PROGRAM, PLEASE PLACE A RANKING NUMBER (I.E. 1, 2 OR 3) BY THE PROGRAMS OF YOUR CHOICE.**

___AUTO BODY COLLISION REPAIR ___AUTOMOTIVE TECHNOLOGY ___CAD DRAFTING
___CONSTRUCTION TRADES ___CULINARY ARTS ___HVAC
___MACHINE TRADES ___MARINE MECHANICS ___WELDING

THE FOLLOWING PROGRAM IS A 1 SEMESTER PROGRAM:
___CRIMINAL JUSTICE

THE FOLLOWING PROGRAMS REQUIRE ADDITIONAL APPLICATION MATERIALS AND AN INTERVIEW:
___DIRECT HEATLH CARE (1 SEM. COURSE)* ___MEDICAL ASSISTANT (1 SEM. COURSE)*
___HEALTH OCCUPATIONS EDUCATION* ___COSMETOLOGY*

***APPLICATION DUE DATE FOR THESE PROGRAMS ARE BEFORE 3/18/11. ALL ADDITIONAL PAGES MUST ACCOMPANY THIS APPLICATION FOR CONSIDERATION INTO THE PROGRAM.**
CONSULT YOUR GUIDANCE COUNSELOR FOR DETAILS AND ADDITIONAL PAGES.

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 speakers and field trips.
- Obey all rules established by each program and your home school.
- Develop a pattern of good attendance.
- Learn to work in teams with other classmates to solve problems relates to instructional concepts.
- Discuss with your 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 (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.