

PLEASE PRINT NEATLY

Name _____ ID# _____

Date of Birth _____ Age _____ Grade _____

Home Phone No. _____ Cell Phone No. _____

Home Address _____
 _____ Street _____ Apt. # _____
 _____ City _____ Zip Code _____

Email Address _____

Parent/Guardian's Name _____

Are you on track for graduation? (circle your answer) Yes No
 What is your current GPA? _____

Extra Curricular Activities
 Circle all that apply to you: CHS Fall/Winter Sports
 CHS Spring Sports
 CHS Band/Chorus
 CHS Cheerleader/Flag Corp
 Other (Please list): _____

Current Employment:

Are you currently employed? _____ Yes _____ No

If so, where? _____ How long? _____
 (Name of Business)

_____ (Name of Supervisor) _____ (Phone Number)

Transportation:

Do you drive your own car to school? _____ Yes _____ No

Can you provide your own transportation to work every day? _____ Yes _____ No

If no, what other transportation do you have to travel to work? _____

Insurance:

Are you covered by accident insurance? _____ Yes _____ No

INSURANCE WILL BE REQUIRED TO PARTICIPATE IN A WORK-BASED LEARNING PROGRAM.

Coursework and goals:

List the CTAE courses you have taken or will register to take next school year.

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Who was your last Math teacher? _____

Who was your last English teacher? _____

Do you plan to attend a college or technical college after high school graduation? _____ Yes _____ No

If you plan to attend a college or technical college, what will be your major? _____

What are your career goals? _____

Current Schedule:**1st Semester Schedule (2015-2016)**

Period	Class Name	Teacher
1		
2		
3		
4		
5		
6		
7		

2nd Semester Schedule (2015 - 2016)

Period	Class Name	Teacher
1		
2		
3		
4		
5		
6		
7		

I understand:

- ❖ that enrollment in this program is limited and that making application for enrollment does not mean that I will automatically be accepted.
- ❖ that an interview with the coordinator may be required prior to a decision on my application.
- ❖ that once accepted, I must sign an WBL Agreement outlining my responsibilities and the program guidelines.
- ❖ that my grades and attendance record may be checked by the coordinator prior to acceptance and may be shared with potential employers.
- ❖ that another formal application will be required when interviewed for Youth Apprenticeship.

DO YOU HAVE YOUR PARENTAL/GUARDIAN APPROVAL TO WORK DURING A PORTION OF THE SCHOOL DAY? _____ Yes _____ No

Student Signature_____
Date_____
Parent/Guardian Signature_____
Date_____
Parent Phone #_____
Parent E-Mail Address