

HOME SCHOOL: _____

2019-2020

LOST RIVER CAREER COOPERATIVE

2019-2020

SPRINGS VALLEY, PAOLI, WEST WASHINGTON SCHOOL CORPORATIONS

600 ELM ST

PAOLI, IN 47454

812-723-4818

DUE DATE: _____

INSTRUCTIONS: All students enrolling in a two or three period Career & Technical Education program listed on page 2 must complete this application. This information is required to meet responsibilities of the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (United States Public Law 105-332), Indiana Public Law 217, Acts of 1987, and Indiana Public Law 105, Acts of 1994. Return the completed form to your school counselor.

PLEASE PRINT CLEARLY

_____, _____
LAST NAME: FIRST NAME:

PARENT/GUARDIAN NAMES: _____
(WITH WHOM YOU LIVE)

ADDRESS: _____ CITY: _____

ZIP CODE: _____ PHONE: _____

SCHOOL YEAR
(2017-2018) 8TH 9TH 10TH 11TH 12TH

DATE OF BIRTH: _____ SSN: _____ STN: _____

GENDER: ___ MALE ___ FEMALE

LIST YOUR CHOICE OF CLASS IN ORDER OF PREFERENCE (INCLUDE THE LOCATION):

	CLASS	LOCATION
1.	_____	_____
2.	_____	_____
3.	_____	_____

Note: Enrollment is not guaranteed. Size is limited. If too many students enroll, factors to determine selection include: seriousness of career choice or interest, attendance, discipline referrals, ability to graduate on time, and finally GPA.