

NORTH CENTRAL AREA VOCATIONAL COOPERATIVE PROGRAM
APPLICATION FORM

Complete this form; **return it to guidance counselor BY APRIL 1.** PRINT ALL INFORMATION IN INK.

Name: _____ Home School: _____

Home Address: _____
(Street Address, City, State & Zip Code)

Home Phone: _____ Grade Level (circle one) 9 10 11 12

Birth Date: _____ Gender: Male Female Social Security # _____

Parent/Guardian's Name: _____ Parent Work Phone: _____

Indicate vocational preference(s) with "1" or "2" (PLEASE NOTE CENTRAL TIME OR EASTERN TIME)

- ___ **AUTOMOTIVE TECHNOLOGY I** (Knox-SCILL Center) 3 periods 7:30-10:30, 11:30-2:30 CST ***
- ___ **AUTOMOTIVE TECHNOLOGY II** (Knox-SCILL Center) 3 periods 11:30-2:30 CST ***
- ___ **BUILDING TRADES** (Culver HS) 3 periods 8:00-10:38, 12:10-3:12 EST ***
- ___ **BUILDING TRADES** (JG HS) 3 periods 8:05-10:50, 12:25-2:55 EST ***
- ___ **BUILDING TRADES** (Plymouth HS) 3 periods 7:55-10:20, 12:50-3:15 EST ***
- ___ **BUSINESS OFFICE LABORATORY** (Plymouth HS) 3 trimesters, 7:55-10:20 EST
- ___ **CHILD CARE SERVICES** (Knox Middle Schl) 3 periods, 8:00-10:45 & 12:00-2:45 CST, Knox
- ___ **CHILD CARE SERVICES** (Plymouth-Kaleidoscope) 8:00-10:30 & 12:00-3:00 EST, Plymouth
- ___ **COMPUTER TECHNOLOGY A+** (Plymouth-Crossroads Acad) 3 periods (P.M. ONLY) 12:00-2:45 EST
- ___ **COMPUTER TECHNOLOGY MCITP** (Plymouth-Crossroads) 3 periods, (A.M. ONLY) 8:00-10:00 EST
- ___ **COMPUTER TECHNOLOGY MCITP** (Plymouth-Crossroads) 3 periods, ONLINE
- ___ **COSMETOLOGY** (Knox Beauty College) Year I (of 2): 11:30-3:30 CST
- ___ **COSMETOLOGY** (Knox Beauty College) Year II (of 2) 11:30-3:30 CST
- ___ **COSMETOLOGY** (Mishawaka, Vogue Beauty College) 2 years, Tue-Fri 12:30-4:30+Sat 8:00-12:00 EST
- ___ **GRAPHIC COMMUNICATIONS** (Knox HS) 2 periods, (Time to be determined)
- ___ **HEALTH OCC**, Plymouth: Intro to Health Care Systems 7:55-10:00, 1:10-3:00 EST: Knox HS **AM ONLY** 7:30-9:30 CST
- ___ **HEALTH OCC**, Plymouth: Health Careers I & II, Med. Terminology & Practicum 3 periods 7:55-10:00, 1:10-3:00 EST: Knox HS **AM ONLY** 7:30-9:30
- ___ **LAW ENFORCEMENT/CRIMINAL JUSTICE**, (Plymouth Crossroads Academy) PM 1:00-3:00 EST
- ___ **RADIO/TV BROADCASTING/TELECOMMUNICATIONS** (Plymouth High School) AM 7:55-10:20 EST

*** **AUTOMOTIVE TECHNOLOGY I & II and BUILDING TRADES I & 11 can be adjusted for a two (2) period or four (4) credit per year class, if the student is unable to attend due to graduation requirements.**

NOTE: There may be program fees, for which the student will be responsible, covering such items as protective clothing or uniforms, lab fees, supplies, certification and test fees, purchase or rental of textbooks and workbooks. The guidance counselors will have a list of estimated fees for each program.

Why do you wish to be in this program?

By signing this application, I agree to accept the terms of conduct and attendance as determined by the host school.

Student's Signature _____ Date _____

By signing this application, I/we (parent/guardian) give permission for the above named student to enroll in the vocational program indicated above. I/We are also committed to his/her regular attendance and we will be responsible for transportation to and from the program and fees which may apply.

Parent/Guardian's signature(s): _____ Date _____

NORTH CENTRAL AREA VOCATIONAL COOPERATIVE APPLICATION FORM

GUIDANCE COUNSELOR'S INFORMATION

Counselor: Student's Career Objective: _____

I recommend the above student for this program because:

The following information will be needed for the state ADM (INTERS) report:

ECA Scores: Algebra I _____ English 10 _____ GPA _____

STN: _____ **Social Security number:** _____

Special Ed Program Need and Code _____ Choose one of the following:

(Note: These are the codes we **MUST** use, even though they are different than Jesse's codes)

- | | |
|------------------------------|--|
| 01 - Mental Handicap | 09 - Dual Sensory Impairment |
| 02 - Hearing Impairment | 10 - Multiple Handicap |
| 03 - Autism | 11 - Learning Disabilities |
| 04 - Communication disorder | 12 - Traumatic Brain Injury |
| 05 - Visual Impairment | 50 - Disadvantaged (See next section) |
| 06 - Emotional Handicap | 51 - Limited English Proficiency |
| 07 - Orthopedic Impairment | and Disadvantaged |
| 08 - Other Health Impairment | |

If Special Consideration Code of "50-Disadvantaged" is selected above, please choose one of the following **Disadvantaged** Codes: _____ (Use same standard as for free and reduced lunch program.)

- 01 – Family income is at or below national poverty level
- 02 – Participant, parent(s), or guardian of the participant is unemployed
- 03 – Participant or parent of participant is the recipient of public assistance
- 04 – Participant is institutionalized or under state guardianship
- 05 – Lacks reading and writing skills
- 06 – Lacks mathematical skills
- 07 – Performs below grade level
- 08 – Academically disadvantaged
- 09 – Economically disadvantaged
- 10 – Both academically and economically disadvantaged

Disadvantage Code may also be used with other Special Ed Codes (i.e., 01 Sp. Ed. code, 09 Disadvantage Code.)

Whom to contact in case of emergency:

Name Relationship Phone Number

Counselor's Signature: _____ Date: _____

Instructor's Signature (for 2nd year classes only): _____ Date: _____

GUIDANCE COUNSELOR: PLEASE ATTACH TRANSCRIPT AND ONE (1) TEACHER RECOMMENDATION

TEACHER RECOMMENDATION FOR ENROLLMENT IN VOCATIONAL PROGRAM

_____ has applied to be in the _____
(Student Name) (Name of Vocational Program)

_____ and has suggested you as a reference.
(Hosting School) (Location)

Please rate each of the following from 1 (lowest) to 5 (highest):

_____ Academic Performance

_____ Attendance

_____ Dependability (completing assignments on time, etc.)

_____ Attitude (in your class and in other places where you observe the student)

_____ Responsibility

_____ Class Conduct

Additional Comments:

I recommend the above-named student for admission into the vocational program listed above.

Signature _____

Date: _____

Teacher: Please return this recommendation to the guidance department as soon as possible. Thank you.

NORTH CENTRAL AREA VOCATIONAL COOPERATIVE

PARENTAL CONSENT FOR STUDENT DRIVING PRIVATE VEHICLE TO CLASS OR EVENT

I/We as parent(s) and/or legal guardian(s) have reviewed the following information and consent to my/our child driving a private vehicle for this purpose.

Purpose of the trip(s) _____

Date(s) of the trip(s) _____

If for continuous events, specify time period: _____

Driver of the vehicle: _____

Passenger of the vehicle: _____

[name all passengers, if any; secure signature of passenger and parent]

The parent(s)/legal guardian(s) verify (ies) that the driver has a valid operator's license, the vehicle is in proper operating condition, and a safety belt will be available to my/our child.

The parent(s)/legal guardian also verifies that the representations contained herein are true and correct.

Attached hereto is a copy of the student's valid driver's license and certificate and proof of current insurance, meeting minimum state law requirements for same.

INDEMNIFICATION AND EXCULPATORY AGREEMENT

I/We as the parent(s) and/or legal guardian(s) of the above child-driver do now hold harmless, release and/or indemnify said North Central Area Vocational Cooperative and its member school corporations from any and all claims of any nature whatsoever that I/We as parent(s) and/or legal guardian(s) and/or my/our child may have against said North Central Area Vocational Cooperative and its member school corporations by reason of providing such consent for my child to drive a private vehicle for any stated purpose herein.

I/We as the parent(s) and/or legal guardian(s) of the child do hereby release and hold harmless and/or indemnify North Central Area Vocational Cooperative and its member school corporations from any and all claims any third person – including any passenger of the child- driver – may assert against North Central Area Vocational Cooperative and its member school corporations by reason of my/our child-driver driving or otherwise operating a vehicle or controlling a vehicle under this consent.

I/We as the parent(s) and/or legal guardian(s) of the child do agree that North Central Area Vocational Cooperative and its member school corporations neither assume nor owe any duty of any nature whatsoever to any parent or child-driver or passenger of child-driver under this consent.

I/We as the parent(s) and/or legal guardian(s) of the child do agree that North Central Area Vocational Cooperative, and its member school corporations, at its sole discretion, may revoke this agreement at any time for any reason, whether in writing, oral or otherwise without the express or implied consent of such parent(s) and/or legal guardian(s). By such revocation, I/we the parent(s) and/or legal guardian(s) of the child do agree that North Central Area Vocational Cooperative and its member school corporations will owe neither liability to us, the parent and/or legal guardian of the child nor liability to the child.

I/We as the parent(s) and/or legal guardian(s) of the child-driver do affirm that we have read this document understand its terms and consent to all terms herein.

Parent/Legal Guardian Signature

Date

NORTH CENTRAL AREA VOCATIONAL COOPERATIVE

PARENTAL CONSENT FOR STUDENT PASSENGER OF A STUDENT DRIVING A PRIVATE VEHICLE TO CLASS OR EVENT

I/We as parent(s) and/or legal guardian(s) have reviewed the following information and consent to my/our child riding with the driver of a private vehicle for this purpose.

Purpose of the trip(s) _____

Date(s) of the trip(s) _____

If for continuous events, specify time period: _____

Driver of the vehicle: _____

Passenger of the vehicle: _____

The parent(s)/legal guardian(s) also verifies that the representations contained herein are true and correct.

INDEMNIFICATION AND EXCULPATORY AGREEMENT

I/We as the parent(s) and/or legal guardian(s) of the above child-driver do now hold harmless, release and/or indemnify said North Central Area Vocational Cooperative and its member school corporations from any and all claims of any nature whatsoever that I/We as parent(s) and/or legal guardian(s) and/or my/our child may have against said North Central Area Vocational Cooperative and its member school corporations by reason of providing such consent for my/our child to be a passenger of a student who drives a private vehicle for any stated purpose herein.

I/We as the parent(s) and/or legal guardian(s) of the child do hereby release and hold harmless and/or indemnify North Central Area vocational Cooperative and its member school corporations from any and all claims any third person – including any driver of the child- passenger – may assert against North Central Area Vocational Cooperative and its member school corporations by reason of my child-passenger with a child-driver driving or otherwise operating a vehicle or controlling a vehicle under this consent.

I/We as the parent(s) and/or legal guardian(s) of the child do agree that North Central Area Vocational Cooperative and its member school corporations neither assume nor owe any duty of any nature whatsoever to any parent or child-driver or passenger of child-driver under this consent.

I/We as the parent(s) and/or legal guardian(s) of the child do agree that North Central Area Vocational Cooperative, and its member school corporations, at its sole discretion, may revoke this agreement at any time for any reason, whether in writing, oral or otherwise without the express or implied consent of such parent(s) and/or legal guardian(s). By such revocation, I/we the parent(s) and/or legal guardian(s) of the child do agree that North Central Area Vocational Cooperative and its member school corporations will owe no liability to us, the parent(s) and/or legal guardian(s) of the child nor liability to the child.

I/We as the parent(s) and/or legal guardian(s) of the child-passenger do affirm that we have read this document understand its terms and consent to all terms herein.

Parent/Legal Guardian Signature

Date