TWIN RIVERS CAREER & TECHNICAL EDUCATION AREA *(12/05/06)*

PROGRAM APPLICATION

[Please print in ink or type]

Name_____ Current Grade Level _____
Last First Middle

School_____ Date of Birth _____

Social Security Number _____ (optional) Age _____

Career & Technical Education Program choice (please note approved list on reverse side):

1st Choice_____ it will be my 1st yr_____ 2nd yr_____

2nd Choice_____ It will be my 1st yr_____ 2nd yr_____

In applying to participate in a Twin Rivers Career & Technical Education Area program, we acknowledge the following:

1. We accept the responsibility to provide transportation from the home high school to the program site and all school driving rules and regulations will be followed.
2. We understand the program will be for the entire school year.
3. We agree the student shall abide by all Twin Rivers Career & Technical Education Area rules, regulations and policies.
4. We agree to either purchase school insurance or show proof of accident or health insurance for the student.

_____ _____
Parent/Guardian Signature Student Signature

_____ _____
Print Parent/Guardian Name Print Student Name

_____ _____
Parent's E-mail Parent/Guardian Phone Number

_____ _____
Street address or P.O. Box or R.R. & Box Date Signed

_____
City Zip Code

Please return completed application to your high school counselor by: **February 22nd**

Twin Rivers Career & Technical Education Area will not discriminate against anyone on the basis of sex, age, race, color, national origin, or handicap.