

Western Area CTC
Citizenship and Counselor Information

Student Name _____ Grade _____

Counselor _____

School Citizenship

1. General Behavior (circle number)

Excellent	Acceptable	With Reservations	Probationary
10 9 8	7 6 5	4 3 2	1 0

Comments:

Counselor Recommendation

Circle one

Recommended

With Reservations

Questionable

Attendance

Days Absent

8th grade _____

9th grade _____

10th grade _____

Tardy

(number of times)

8th grade _____

9th grade _____

10th grade _____

***Please complete Attendance information unless it is included on the transcript.

List any physical accommodations or building modifications that the student requires:

E.O.E.

7/20/10

Parental/Guardian Consent of Authorization

This is to certify that _____ has permission to

(Student's Full Name)

participate in a program of study that may involve operation of power machinery, working with electrical apparatus, and/or selected projects of education value under the supervision of an approved instructor.

I consent to allow my son/daughter to receive emergency first aid at Western Area CTC in the event of sudden illness or accident. If his/her condition should require treatment by a doctor and one of the persons listed on the emergency information card cannot be reached, I further give permission for him/her to be transported by an ambulance to the nearest hospital available. I will assume necessary expense if any.

I have a preference that _____ Hospital be used.

Health Insurance Company _____

I certify that I am legal parent/guardian of the above mentioned child.

Signature of Parent/Guardian

Date

E.O.E.

7/20/10

Western Area CTC Interest Survey

Note to the Student: The information requested is of the utmost importance. Responses should be *typed or printed legibly by the student* and should show evidence of being well thought-out and organized. Use only the space provided.

I. PERSONAL DATA

Name _____
Last First M.I.

Home School _____ Grade _____

II. WHAT IS YOUR CAREER GOAL? _____

III. PROGRAM SELECTION: List an alternate choice only if you would accept enrollment in that area of instruction.

First Choice: _____ Second Choice: _____

IV. STUDENT INTEREST DATA: First Choice (Please answer in complete sentences) My reasons for choosing this program are:

1. _____

2. _____

I feel I will be successful in this area for the following reasons: (Include any special skills or abilities you may have.)

1. _____

2. _____

List two experiences or types of research you have done in this career field.

1. _____

2. _____

V. STUDENT INTEREST DATA: Alternate Choice (Please answer in complete sentences.) My reasons for choosing this program are:

I feel I will be successful in this area for the following reasons: (Include any special skills or abilities you may have.)

List an experience or a type of research you have done in this career field.

VI. Post Graduate: What are your plans for after high school graduation? (Community College, 4 year College, Military, Work, etc)

I have reviewed this interest survey that was completed by my *son/daughter* and give my approval to submit for consideration of acceptance in the program(s) stated above.

Parent'/Guardian's Signature Date _____

Student's Signature Date _____

E.O.E