



WAYNE COUNTY SCHOOLS CAREER CENTER ENROLLMENT APPLICATION

2017-2018 School Year

www.wcsc.org

Please print neatly and return to your Guidance Office

Last Name: _____ First: _____ Middle: _____ Birth Date: _____

Address/P.O. Box _____ City: _____ State: _____ Zip: _____

Contact Phone: (_____) _____ Current Grade Level: _____ School You Presently Attend: _____

CAREER CHOICE...Indicate First Choice (1) Second Choice (2) Third Choice (3)

Criminal Justice, Early Childhood Education & Care, and Practical Nursing Require Additional Forms – See Your Guidance Counselor

Cosmetology applicants must pass biology, obtain an 850 on Reading Lexile test, and have 90% attendance

Business applicants must submit ACT reading score of 18 or an equivalent Accuplacer score

___ Ag Mechanics/Power Technologies
___ Animal Care & Management
___ Automotive Technologies
___ Buildings & Grounds
___ Business Entrepreneurship
___ Construction Technologies
___ Cosmetology
___ Criminal Justice

___ Culinary Arts
___ Dental Assisting
___ Early Childhood Education & Care
___ Electronics & Computer Networking
___ Engineering Technologies (At Orrville HS)
___ Exercise Science & Sports Medicine
___ Graphic Design & Photography
___ Hospitality

___ Interactive Media
___ Landscaping & Turf Management
___ Medical Assisting
___ Patient Care Technologies
___ Powerline Technologies
___ Practical Nursing
___ Precision Machining
___ Truck Mechanics
___ Welding Technologies

If available, do you plan to take academics at your high school? Yes No

I give permission to release End Of Course Exam (EOC) scores for the student name below to Wayne County Schools Career Center. I also give permission to release my free/reduced meal status and form to the Wayne County Schools Career Center. The student information will only be disclosed to school officials and authorized representatives.

Student's Signature: _____ Date: _____ Student's Cell Phone: (_____) _____

I live with: Both Parents _____ Mother Only _____ Father Only _____ Guardian _____

Parent/Legal Guardian Signature: _____ Date: _____ Contact Phone: (_____) _____

Parent/Legal Guardian Printed Name: _____ High School Counselor Signature: _____