

BLOOMINGTON AREA CAREER CENTER

Student Enrollment Application 2012-2013

Please print clearly when filling out this form. A completed form must be signed by the guidance counselor on the reverse side.

Student Full Name _____

Student High School Name _____

Current Grade Level _____ Graduation Year _____ Date of Birth _____ M _____ F _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

CONTACT INFORMATION (*Parent/Guardian with whom the student lives*)

GUARDIAN 1 NAME _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Work _____ Work Phone _____

GUARDIAN 2 NAME _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Work _____ Work Phone _____

Parent/Guardian with whom the student does not live or Joint Custody:

GUARDIAN 1 NAME _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Work _____ Work Phone _____

BACC PROGRAM SELECTION

Student's Name _____ State SIS # _____

Please check below the name of the Program(s) you wish to enroll in. To choose a 2nd Year Program, you must have successfully completed the 1st Year Program.

Name of BACC 2011-12 Program currently enrolled in or completed: _____

1ST YEAR PROGRAMS

- Automotive Technology I
- CAD I & Civil Engineering & Architecture I
- Construction Trades I
- Cosmetology I
- Criminal Justice & Law Enforcement I
- Culinary Arts I
- Digital Media I
- Early Childhood Education I
- EMT Basic (Seniors Only– 1st Section Only)
- Fire Science
- Health Occupations I
- Metalworking Occupations I (HCC)

2ND YEAR PROGRAMS

- Automotive Technology II
- CAD II
- Construction Trades II
- Cosmetology II
- Criminal Justice & Law Enforcement II
- Culinary Arts II
- Digital Media II
- Early Childhood Education II
- EMT Basic (Seniors Only– 1st Section Only)
- Health Occupations II
- Metalworking Occupations II (HCC)

(Community College credit may be available if student meets required criteria.)

COUNSELOR'S SECTION

Counselor Check List: *(Please include the following with application)*

- Transcript *(include current year grades & attendance)*
- IEP *(if checked, must send IEP with application)*
- 504 Plan *(if checked, must send 504 with application)*

Check Preferred Section for Student:

- 7:30 a.m. - 9:14 a.m. *(1st Sect.)*
- 9:50 a.m. - 11:48 a.m. *(2nd Sect.)*
- 12:31 p.m. - 2:15 p.m. *(3rd Sect.)*

The participating district has approved the enrollment of this student in the Bloomington Area Career Center.

Counselor's Signature _____ Date _____