

BLOOMINGTON AREA CAREER CENTER

Student Enrollment Application 2019-2020

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 _____

High School Currently Attending _____

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 2019-2020 Program Selection

Student Name _____ **Grade** _____

Please check below the name of the program(s) you wish to enroll in. To choose 2nd and 3rd year programs, you must have successfully completed the 1st and/or 2nd year programs.

BACC 2018-19 program currently enrolled in or completed: _____

1ST YEAR PROGRAMS	2ND YEAR PROGRAMS	3RD YEAR PROGRAMS
<input type="checkbox"/> Automotive Technology I <input type="checkbox"/> Barbering I <input type="checkbox"/> Civil Engineering & Architecture * <input type="checkbox"/> Computer Technology & Networking* <input type="checkbox"/> Construction Trades I* <input type="checkbox"/> Cosmetology I <input type="checkbox"/> Criminal Justice & Law Enforcement I <input type="checkbox"/> Culinary Arts I* <input type="checkbox"/> EMT Basic* (Seniors Only) <input type="checkbox"/> Fire Science* <input type="checkbox"/> Graphic Design & Video Production I* <input type="checkbox"/> Health Careers & Medical Terminology* <input type="checkbox"/> Nurse Assistant*	<input type="checkbox"/> Automotive Technology II* <input type="checkbox"/> CAD <input type="checkbox"/> Computer Technology & Networking II* <input type="checkbox"/> Construction Trades II <input type="checkbox"/> Cosmetology II <input type="checkbox"/> Criminal Justice & Law Enforcement II <input type="checkbox"/> Culinary Arts II <input type="checkbox"/> Graphic Design & Video Production II* <input type="checkbox"/> Advanced CNA	<input type="checkbox"/> Computer Tech & Networking III <input type="checkbox"/> Cosmetology III <input type="checkbox"/> Graphic Design & Video Production III

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

SATELLITE PROGRAMS

1ST YEAR PROGRAMS	2ND YEAR PROGRAMS
<input type="checkbox"/> Geometry in Construction (NCHS & NCWHS) <input type="checkbox"/> NCWHS 8:30 to 10:12 a.m. <input type="checkbox"/> NCHS 12:55 to 2:37 p.m. <input type="checkbox"/> Metalworking Occupations I* (at Tri-Valley & HCC) <input type="checkbox"/> Tri-Valley 8:15 to 9:45 a.m. <input type="checkbox"/> HCC 12:15 to 2:00 p.m.	<input type="checkbox"/> Metalworking Occupations II* (at Tri-Valley & HCC) <input type="checkbox"/> Tri-Valley 8:15 to 9:45 a.m. <input type="checkbox"/> HCC 12:15 to 2:00 p.m.

COUNSELORS: Please fill out the information below for student enrolling.

Student State SIS # _____	Preferred section:
<input type="checkbox"/> Transcript (include current year grades & attendance)	<input type="checkbox"/> 7:30 a.m. - 9:14 a.m. (1st sect.)
<input type="checkbox"/> IEP (must send IEP with application)	<input type="checkbox"/> 9:18 a.m. - 11:02 a.m. (2nd sect.)
<input type="checkbox"/> 504 Plan (must send 504 with application)	<input type="checkbox"/> 12:31 p.m. - 2:15 p.m. (3rd sect.)
<input type="checkbox"/> ELL	

Local Race (please circle): Asian/Pacific Islander Black /African American Hispanic/Latino
 American Indian/Alaskan Multi-Racial/Ethic White

Case Manager: _____ (we realize this may change)

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

Counselor's Signature _____ Date _____