

Date Received by Counselor: \_\_\_\_\_

# 2019-2020

## BLOOMINGTON HIGH SCHOOL

### Bloomington Area Career Center Application Form for 2019-2020 School Year

Student Name \_\_\_\_\_ ID # \_\_\_\_\_ Current year? 9 10 11 Grad year: \_\_\_\_\_

Name of BACC Course applying for: \_\_\_\_\_

**All requests for BACC applications must be submitted by 3:00 PM, Friday, December 7, 2018.**

**APPROVAL FOR BACC APPLICATION SUBMISSION MUST BE OBTAINED IN THE ORDER DESIGNATED. (Signatures required)**

Please list courses that you wish to delete if you are approved for an BACC Course: _____ _____ _____
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Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

No BACC application will be submitted until this form has been completed and approval given by the BHS Associate Principal.

Upon approval, a copy of this form will be sent to the BACC Office. The student will be notified upon acceptance into the program of study in early spring 2019. Final approval is contingent on successfully completing the 9<sup>th</sup> or 10<sup>th</sup> or 11<sup>th</sup> grade with the below criteria.

**The following is to be completed by the Guidance Office:**

Application Criteria: (BHS Administration cannot approve this application for submission without the following information. If criteria are **NOT** met, the application will be placed on a wait or denied list, depending on the information entered.)

- Sophomore or Junior or Senior standing (minimum of 6 credits completed at the end of 9<sup>th</sup> grade and/or minimum of 12 credits completed at the end of the 10<sup>th</sup> or 11<sup>th</sup> grade):

\_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

- \_\_\_\_\_ GPA of 2.5 or better (cumulative at the end of first semester of 9<sup>th</sup> or 10<sup>th</sup> or 11<sup>th</sup> grade)

- \_\_\_\_\_ Total Absences (9 or fewer absences in the previous semester) \_\_\_\_\_ Absences \_\_\_\_\_ Tardies

- Meets the pre-requisite(s) of the course of study as indicated in the BHS Course Description Guide

\_\_\_\_\_ meets \_\_\_\_\_ does not meet Reason: \_\_\_\_\_

- Passed all core curricular classes

\_\_\_\_\_ meets \_\_\_\_\_ does not meet Reason: \_\_\_\_\_

- Further Review needed \_\_\_\_\_

**\*Counselor by signing below you verify that the above criteria has been met.**

Counselor \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the BHS Associate Principal's office:**

Associate Principal \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Wait List \_\_\_\_\_ Denied \_\_\_\_\_ Reason: \_\_\_\_\_

**EXCEPTIONS TO THE GUIDELINES AND CRITERIA WILL BE EVALUATED ON AN INDIVIDUAL BASIS.**