



CAREER COMPACT

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APPLICATION FOR ENROLLMENT
to Tri Star Career Compact
2017-2018

Tri Star Career Compact admits students without regard to sex, color, creed, religion, national origin, or handicapped condition, but may limit admission due to space and facilities available.

All sections of the application must be completed for consideration.

STUDENTS: PLEASE PRINT CLEARLY

Name, Address, City, State, Zip, Parent's Contact Number, Parent's E-mail, Date, Student's E-mail, Home School, Circle your present grade level, Sex, Date of Birth, Social Security No.

* E-mail addresses will only be used for sending Tri Star related information/materials.

CAREER TECHNICAL PROGRAM CHOICE

STUDENTS: Indicate your first choice of program by marking it #1
If you are willing to accept a second program, please mark it #2

CELINA

- Automotive Technology
Career Based Intervention
Construction
Graphic Communications
Health Information Technology
Interactive Media

MONTEZUMA

- Early Childhood Education

COLDWATER

- Ag. Mechanics
Vet Tech

ST. MARYS

- Career Based Intervention
Engineering Technology
Marketing Education
Med Prep
Precision Machining
REC Tech (Robotics, Electronics & Computer Technology)
Welding

Complete the following:

Do you plan to take your first choice program (check one) 1 year? or 2 years?

Statement of Intent - I would like to enroll in my first choice of program at Tri Star because:

Three horizontal lines for writing the statement of intent.

Continue on other side

RECOMMENDATION AND APPROVAL

STUDENTS, PLEASE READ CAREFULLY:

I understand that I will only be fully accepted into a Tri Star program if I have accumulated nine (9) credits hours by the end of my sophomore year.

I understand that if accepted into a Tri Star program, I am making a commitment to complete the program. My parents/guardian and I have discussed this program and agree that it is the type of program which will best meet my needs. I agree that I will fulfill my obligations which means good attendance, proper conduct, and satisfactory completion of the program.

PLEASE PRINT PARENT'S NAME _____

PARENT'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____

THIS SECTION IS TO BE COMPLETED BY SCHOOL GUIDANCE COUNSELOR

Counselors: Students will be accepted into a Tri Star program on a provisional basis until it is determined that they have accumulated the required nine (9) credits for admission at the end of the sophomore year.

Date: _____ Student's school district of residence: _____

Attendance Record -

Indicate days absent: Grade 9 _____ Grade 10 _____ Grade 11 _____

Indicate number of tardies: Grade 9 _____ Grade 10 _____ Grade 11 _____

Explain any **unusual** circumstances regarding days absent (e.g. hospitalization, serious illness, etc.) and indicate the number of days to which this pertains.

No. of days: _____ Reason: _____

★ *Please attach student's grade transcript.* ★

Indicate the number of credits the student has accumulated to date: _____

Present Grade Point Average on a 4.0 scale: _____

Indicate the classes that the student has taken or is currently taking:

_____ Algebra _____ Geometry (Required for CAD)

_____ Biology _____ Computer Literacy

Other counselor comments: _____

COUNSELOR'S SIGNATURE _____

Counselors: Applications should be in the Tri Star office by: January 18, 2017