



APPLICATION FOR ENROLLMENT

to Tri Star Career Compact

2018-2019

CAREER COMPACT

Tim Buschur, Director | Brian Stetler, Asst. Director
585 E. Livingston St., Celina, OH 45822
Phone: (419) 586-7060 Fax: (419) 586-9503

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

Date: ____/____/____

Student Name: _____ Student's E-mail*: _____

Address: _____ Home High School: _____

City: _____ Circle present grade level: 10 11

State: _____ Zip: _____ Sex (circle one): M F

Parent's Contact Number: (____) _____ Student's Cell Phone: _____

Parent's E-mail * _____ Date of Birth: ____/____/____

* 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 - 1 yr.
- _____ Construction
- _____ Early Childhood Education
- _____ Entrepreneurship (On-line) - 1 yr.
- _____ Graphic Communications
- _____ Health Information Technology - 1 yr.
- _____ Interactive Media

COLDWATER

- _____ Ag. Mechanics
- _____ Vet. Tech.

ST. MARYS

- _____ Career Based Intervention
- _____ Engineering Technology - 1 yr.
- _____ Marketing Education
- _____ Med Prep
- _____ Precision Machining
- _____ REC Tech (Robotics, Electronics and Computer Technologies)
- _____ Welding

Complete the following:

Do you plan to take your first choice program (circle one) 1-Year or 2-Years ?

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

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) credit 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 _____
(First) (Last)

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.

Attach a copy of student's grade transcript to this application.

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: _____

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 I or II (circle one)

_____ Geometry (Required for Engineering Tech.)

_____ Biology

_____ Computer Literacy

Other counselor comments: _____

COUNSELOR'S SIGNATURE _____

Counselors: Applications must be turned in to the Tri Star Office by: Wed., January 24, 2018