



# APPLICATION FOR ENROLLMENT

to Tri Star Career Compact  
**2012-2013**

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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.

**PLEASE PRINT CLEARLY**

Name _____	Date _____
Address _____	Home School _____
City _____	Circle your present grade level: 10 11
State _____ Zip _____	Sex (circle one): M F
Phone Number: (____) _____	Date of Birth: ____/____/____
Social Security Number: _____-____-____	

**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
  - \_\_\_\_\_ Business Management
  - \_\_\_\_\_ Career Based Intervention
  - \_\_\_\_\_ Construction
  - \_\_\_\_\_ Early Childhood Development & Education
  - \_\_\_\_\_ Engineering Technology/CAD - Circle your choices for: *Section: A.M. or P.M.*  
*Class time: 2 hours or 3 hours*
  - \_\_\_\_\_ Graphic Communications
  - \_\_\_\_\_ Interactive Media

- COLDWATER**
- \_\_\_\_\_ Ag. Mechanics
  - \_\_\_\_\_ Horticulture
  - \_\_\_\_\_ Vet Tech
- ST. MARYS**
- \_\_\_\_\_ Electronics
  - \_\_\_\_\_ Engineering Technology/CAD - (3 hours, A.M. only)
  - \_\_\_\_\_ Marketing & Distributive Education
  - \_\_\_\_\_ Med Prep
  - \_\_\_\_\_ Precision Machining
  - \_\_\_\_\_ 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue on other side*

**RECOMMENDATION AND APPROVAL**

**STUDENTS, PLEASE READ CAREFULLY:**

My parents and I have discussed this program and agree that it is the type of program which will best meet my needs. If accepted by Tri Star Career Compact, 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** \_\_\_\_\_

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**THIS SECTION IS TO BE COMPLETED BY SCHOOL GUIDANCE COUNSELOR**

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: \_\_\_\_\_

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** \_\_\_\_\_