

CAREER COMPACT

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APPLICATION FOR ENROLLMENT

to Tri Star Career Compact 2024-2025

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.

STUDENTS: PLEASE PRINT CLEARLY	Date:/		
Student Name:			
Address:			
Dity:			
State: Zip:			
Parent's Contact Phone Number: ()	Student's Cell Phone:		
Parent's E-mail *			
STUDENTS: Indicate your first of	L PROGRAM CHOICE choice of program by marking it #1. second program, please mark it #2.		
TRI STAR (765	5 S. R. 703, Celina)		
Ag. Industrial Technology	Precision Machining		
	Teaching Professions		
Animal Health			
Animal Health Automotive Technology	Teaching Professions REC Tech (Robotic, Electronic and Computer Technologies)		
Automotive Technology	REC Tech (Robotic, Electronic and Computer Technologies) Welding		
Automotive Technology Career Based Intervention/P3 Construction Engineering Technology	REC Tech (Robotic, Electronic and Computer Technologies)		
Automotive Technology Career Based Intervention/P3 Construction Engineering Technology Graphic Communications	REC Tech (Robotic, Electronic and Computer Technologies) Welding Additional locations		
Automotive Technology Career Based Intervention/P3 Construction Engineering Technology Graphic Communications Interactive Media	REC Tech (Robotic, Electronic and) Welding Additional locations CELINA (715 E. Wayne St.) Career Based Intervention/P3		
Automotive Technology Career Based Intervention/P3 Construction Engineering Technology Graphic Communications	REC Tech (Robotic, Electronic and Computer Technologies) Welding Additional locations CELINA (715 E. Wayne St.)		

RECOMMENDATION AND APPROVAL

STUDENTS & PARENTS, 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.

TUDENT'S SIGNATURE			/		
LEASE PRINT PARENT'S NAME(First)		(Last)		 	
ARENT'S/GUARDIAN'S SIGNATURE			DATE	/	/
OTE TO PARENT/GUARDIAN: If your son or daughte	er has been at	osent due to an u	nusual circums		
ended hospitalization, surgery, serious illness, etc.), atta Number of days missed 2. Reason for absence 3. Yo		his application to	indicate:		
***************************************	>>>>>>>	····	***************	>>>>>	>>>>>
THIS SECTION IS TO BE COMPLET	TED BY SCHO	OOL GUIDANCE	COUNSELOR		
Counselors: Students will be accepted into a Tri Star have accumulated the required nine (9) of		•			t they
ATTACH A COPY OF STUDENT'S GR	RADE TRANS	SCRIPT TO TH	IIS APPLICA	TION.	
Date:// Student's school of	district of resid	ence:			
Attendance Record -					
Indicate days absent: Grade 9 Grade	de 10	Grade 11			
Indicate number of tardies: Grade 9	Grade 10	Grade 11			
This student has indicated, by the attached no	ote, unusual ci	rcumtance for sor	ne absences.	Ву	
initialling this box I verify that I have read this	information.				
Indicate the number of credits the student has accumu	ulated to date:		_		
Present Grade Point Average on a 4.0 scale:		_			
Indicate the classes that the student has taken or is cu	urrently taking:				
Algebra I or II (circle one)	_Geometry (R	equired for Engin	eering Tech.)		
Biology	Computer Li	iteracy			
Counselor comments:					
COUNSELOR'S SIGNATURE					
Counselors: Applications must be turned					
Counsciors. Applications must be turned	iii to the Tri Star	Onice by. Thurs., J	anuary 23, 2024		

COUNSELOR'S SIGNATURE ______

Counselors: Applications must be turned in to the Tri Star Office by: Thurs., January 25, 2024