



CAREER COMPACT

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APPLICATION FOR ENROLLMENT

to Tri Star Career Compact

2022-2023

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

Student Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Parent's Contact Number: (_____) _____

Parent's E-mail * _____

Date: ____/____/____

Student's E-mail*: _____

Home High School: _____

Circle present grade level: 10 11

Sex (circle one): M F

Student's Cell Phone: _____

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.

TRI STAR (7655 S. R. 703, Celina)

_____ Ag. Industrial Technology

_____ Animal Health

_____ Automotive Technology

_____ Career Based Intervention/P3

_____ Construction

_____ Early Childhood Education

_____ Engineering Technology

_____ Graphic Communications

_____ Interactive Media

_____ Information Tech./Cybersecurity

_____ Med Prep

_____ Precision Machining

_____ REC Tech (Robotic, Electronic and Computer Technologies)

_____ Welding

Additional locations - - - -

CELINA (715 E. Wayne St.)

_____ Career Based Intervention

ST. MARYS (2250 State Route 66 North)

_____ Career Based Intervention

_____ Marketing Education

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 & 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.

STUDENT'S SIGNATURE _____ DATE ____/____/____

PLEASE PRINT PARENT'S NAME _____
(First) (Last)

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE ____/____/____

NOTE TO PARENT/GUARDIAN: If your son or daughter has been absent due to an unusual circumstance (e.g. extended hospitalization, surgery, serious illness, etc.), attach a note to this application to indicate:

1. Number of days missed 2. Reason for absence 3. Your signature

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 _____

☐ This student has indicated, by the attached note, unusual circumstance for some absences. By initialing this box I verify that I have read this information.

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

Counselor comments: _____

COUNSELOR'S SIGNATURE _____

Counselors: Applications must be turned in to the Tri Star Office by: Thurs., January 27, 2022