



OHIO HI-POINT
CAREER CENTER

APPLICATION FORM DIGITAL SATELLITE PROGRAMS

School Year ____ - ____ Semester ____ 1 ____ 2

Legal Name _____
Last First Middle

Address _____
Mailing Address City State Zip

Phone _____ County of Residence _____

Social Security Number _____ Native Language _____

Birth Date _____ Birth City _____ Home High School _____

Ethnic Group: White Black Hispanic Asian or Pacific Islander American Indian or Alaskan Native Multiracial

Parent Information: To be completed by Parent or Guardian

Father or Guardian (Last Name, First Name) Mailing Address Home Phone Work Phone

Mother or Guardian (Last Name, First Name) Mailing Address Home Phone Work Phone

Parent or Guardian E-mail Address Student E-Mail Address Parent Cell Phone

Digital Programs:

Human Services

____ Bodyworks Unleashed I

____ Bodyworks Unleashed II*

**Pre-requisite Bodyworks Unleashed I*

Transportation Systems

____ Aviation Foundations I

____ Aviation Foundations II*

**Pre-requisite Aviation Foundations I*

DIGITAL PROGRAMS REQUIRE PC ACCESS AND INTERNET CONNECTIVITY (Not supplied by Ohio Hi-Point)

Academic Information: To be completed by Counselor.
Applications will be processed only when accompanied by transcripts.

Current GPA _____

Student will be in grade (circle one) 9 10 11 12

Comments:

Signature of Counselor

Date

Admissions Agreement

When classes begin for Ohio Hi-Point Career Center, I agree to attend for a minimum of two school weeks.

Signature of Student

Date

I agree to pay fees as required. I also authorize my student's home school to release transcripts to Ohio Hi-Point Career Center.

Signature of Parent or Guardian

Date

It is the policy of the Ohio Hi-Point Career Center School District that educational activities, employment practices, programs, and services are offered without regard to race, color, national origin, gender, religion, disability, or age.

For additional information visit our website at: www.ohiohipoint.com