



Legal Name _____
Last First Middle Name

Address _____
Mailing Address City State Zip

Phone _____ County of Residence _____
Area Code

Social Security Number _____ Native Language _____

Birthdate _____ Birth City _____ Home High School _____

Sex M F Open Enrolled? _____ From Where? _____

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

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 _____

Office Use Only

Date Received

Status

Career Training Programs: *Indicate your First Choice with "1", your Second Choice with "2" (* denotes College Tech Prep Programs)*

Human Services

- ___ *Health Technology
- ___ Medical Care Services (one-year only)
- ___ Printing and Graphic Arts Technology
- ___ *Culinary Arts
- ___ *Early Childhood Education
- ___ Cosmetology
- ___ Project SEARCH (must defer graduation)

Agricultural and Environmental Systems

- ___ Animal Management Technology
- ___ Professional Turf and Landscaping

Construction Trades

- ___ Building Maintenance
- ___ Carpentry
- ___ Electricity
- ___ Masonry
- ___ Plumbing and Pipefitting

Engineering & Science Technologies

- ___ *Electronics Engineering Technology
- ___ *Architectural and Mechanical Design

Transportation Systems

- ___ *Automotive Technology
- ___ *Auto Collision Technology
- ___ Auto Services Technology
- ___ Diesel Technology

Business and Administrative Services

- ___ *Information Technology
- ___ *Business Administration Technology
- ___ Business and Office Technology
- ___ Medical Office Technology
- ___ Administrative Office Specialist (one-year only)

I will be attending Ohio Hi-Point on a full-day basis

I will be attending Ohio Hi-Point on a half-day basis

Academic Information: To be completed by counselor.

Applications will be processed only when accompanied by transcripts.

Current GPA _____

Core Credits Earned Grade 9 _____ Grade 10 _____

Days Missed (U/E) Grade 9 _____ Grade 10 _____

Comments: _____

Signature of Counselor _____ Date _____

Please make a copy for your records.

Admission Agreement

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

Signature of Student _____ Date _____

I agree to provide work attire and 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 Joint Vocational School District that the Board of Education does not discriminate on the basis of race, color, religion, national origin, sex, disability, military status, ancestry, or age in its programs and activities, including employment opportunities.

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

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