



2017 - 2018

PROSSER CAREER EDUCATION CENTER

4202 Charlestown Road New Albany, IN 47150
Phone: 812-542-8508 Fax: 812-542-4799 www.prossercareers.com

Print clearly in blue or black ink.

High School _____

Name _____

Address _____
Last First Middle City State Zip

Home phone#: () _____ Parent's/Guardian's Cell phone#: () _____

Social Security No: _____ - _____ - _____ D.O.B. ____/____/____ Current Grade Level _____

(REQUIRED)

Are you (student) a single parent? YES or NO

Parent(s)/Guardian(s) with whom you live: _____

Father's/Guardian's Work Phone# () _____ Mother's/Guardian's Work Phone# () _____

Parent's/Guardian's Email Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____ Home/Cell Phone#: () _____

PROSSER CLASS CHOICE (Not all classes are offered in AM and PM. See your counselor.)

_____ AM _____ PM _____

Student, explain your career goal and how your Prosser class choice will help you to obtain this goal.

List the courses you have taken that prepared you for enrolling in your preferred Prosser program: _____

Future Educational Plans:

4-yr school 2-yr career college Military Apprenticeship Workforce Other

REQUIRED Recommendation (written statement *employer or school employee*):

Signature _____ Title _____

Read disclosure statement and parent/guardian and student must sign on the back of this page.

I have discussed my Prosser Career Education Center course selection and career plans with my parent/guardian and my counselor, and we have reviewed this application. We understand that this intent-to-enroll form is not a guarantee in the Career and Technical Education program of my choice. My parent(s) and I also understand if I do not receive my class choice, I will be contacted regarding another choice.

My parent(s) and I understand that a copy of my school records will be sent to Prosser. If I have an Individual Education Plan (IEP) or a 504 plan, I give consent to release form.

I agree to perform diligently and faithfully as a respectable member of my Prosser program and will comply with Prosser's attendance policy and all other requirements outlined in the Student Information Guide.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

COUNSELOR – PLEASE FILL OUT COMPLETELY

Student Name: _____ STN: _____ - _____ - _____

Graduation Goal (Circle one)

General Core 40 Core 40 Core 40 Non-credit /Certificate of
Academic Honors Technical Honors Completion or Achievement

Please circle the appropriate entry in Column 1 and in Column 2; complete Column 3 if applicable.

Column 1	Column 2	Column 3
RACE/ETHNICITY	SPECIAL CONSIDERATIONS	*DISADVANTAGED CODE LIST ONLY USE IF 50 IS MARKED
American Indian1	00 REGULAR EDUCATION	01 Family income is at or below national poverty level
African American.....2	STUDENT-NO IMPAIRMENT	02 Applicant, parent(s), or guardian of the applicant is unemployed
Asian/ Pacific.....3	01 Cognitive Disability	03 Applicant or parent of applicant is recipient of public assistance
Hispanic.....4	02 Deaf/Hard of Hearing	04 Applicant is institutionalized or under state guardianship
White-not Hispanic.....5	03 Autism	05 Lacks reading and writing skills
Multi-Race.....6	04 Language or Speech Disorder	06 Lacks math skills
GENDER	05 Blind/Low vision	07 Performs below grade level
Male Female	06 Emotional disability	08 Academically disadvantaged
LUNCH CODE	07 Orthopedic Impairment	09 Economically disadvantaged
40 Free lunch	08 Other Impairment	10 Both academically and economically disadvantaged
50 Reduced lunch	09 Deaf/Blind	
60 Regular lunch	10 Multiple Disabilities	
	11 Specific Learning Disability	
	12 Traumatic Brain Injury	
	13 504 Plan	
	50 Disadvantaged*(see column 3)	
	51 Limited English Proficiency and disadvantaged	

Total # of absences while in H.S.: _____ Cum. GPA on a 4.0 scale: _____ # of H.S. credits: _____

ECA ALG: PASS: YES OR NO / SCORE: _____ ENG 10: PASS YES OR NO / SCORE: _____

Accuplacer: R ___ W ___ EA _____ (NEW 2 digit score) PSAT/SAT/ACT Score: CR ___ M ___ W ___ Date: _____
(circle one) (date & highest score)

Counselor signature _____ Date _____

*****APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED AND/OR NOT GIVEN FIRST PRIORITY. PLEASE PUT N/A ON TEST SCORES IF THE STUDENT HASN'T TAKEN THE TEST.**

For final consideration, a transcript must be included. In addition, if applicable, an IEP or IEP at-a-glance must be included. The IEP conference committee will recommend appropriate placement in conjunction with the student's Individual Transition Plan (ITP). After review of all intent-to-enroll forms, the Prosser Review Committee will determine final placement in the career program.

Revised: 1-05

The Civil Rights Act of 1964 prohibits discrimination of educational opportunities and facilities because of race, color, creed, religion, sex, disability, family status, limited English proficiency or national origin. PL90-202 prohibits discrimination because of age. Title IX of the education Amendments of 1972 prohibits discrimination on the basis of sex. Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990 prohibits discrimination on the basis of disability. The school corporation complies with these statues and populations, there under, and amendments thereto. Revised 11/09/16 vp