



2018 - 2019

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 \_\_\_\_\_

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.

Blank lines for student response

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

Blank line for course list

Future Educational Plans:

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

REQUIRED Recommendation (written statement employer or school employee):

Blank lines for recommendation

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
<b>RACE/ETHNICITY</b>	<b>SPECIAL CONSIDERATIONS</b>	<b>*DISADVANTAGED CODE LIST ONLY USE IF 50 IS MARKED</b>
American Indian .....1	<b>00 REGULAR EDUCATION STUDENT-NO IMPAIRMENT</b>	<b>01</b> Family income is at or below national poverty level
African American.....2	<b>01</b> Cognitive Disability	<b>02</b> Applicant, parent(s), or guardian of the applicant is unemployed
Asian/ Pacific.....3	<b>02</b> Deaf/Hard of Hearing	<b>03</b> Applicant or parent of applicant is recipient of public assistance
Hispanic.....4	<b>03</b> Autism	<b>04</b> Applicant is institutionalized or under state guardianship
White-not Hispanic.....5	<b>04</b> Language or Speech Disorder	<b>05</b> Lacks reading and writing skills
Multi-Race.....6	<b>05</b> Blind/Low vision	<b>06</b> Lacks math skills
<b>GENDER</b>	<b>06</b> Emotional disability	<b>07</b> Performs below grade level
Male                                  Female	<b>07</b> Orthopedic Impairment	<b>08</b> Academically disadvantaged
<b>LUNCH CODE</b>	<b>08</b> Other Impairment	<b>09</b> Economically disadvantaged
40    Free lunch	<b>09</b> Deaf/Blind	<b>10</b> Both academically and economically disadvantaged
50    Reduced lunch	<b>10</b> Multiple Disabilities	
60    Regular lunch	<b>11</b> Specific Learning Disability	
	<b>12</b> Traumatic Brain Injury	
	<b>13</b> 504 Plan	
	<b>50</b> Disadvantaged*( see column 3)	
	<b>51</b> 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 statutes and populations, there under, and amendments thereto. Revised 11/29/17 vp