



2019 - 2020

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.

Three horizontal lines for student response.

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

Horizontal 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):

Three horizontal lines for recommendation.

Signature \_\_\_\_\_ Title \_\_\_\_\_

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

