



2020 - 2021

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 Address 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) You may attach a separate sheet

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

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

Counselor signature _____ **Reviewed by Facilitator and/or TOR**

*****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 as well as a BSP (if appropriate).** 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 10/19/19 vp