



2023 – 2024

INTENT TO ENROLL

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. To be completed by Student/Parent

High School _____

Name _____

Address _____
Last First Middle 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.)

1. _____ 2. _____

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: _____

Read disclosure statement and parent/guardian and student must sign.

I have discussed my Prosser Career Education Center course selection and career plans with my parent/guardian and my counselor including expectations (both academic and behavioral) of my Prosser class choice, the prerequisites, the academic rigor, and physical demands of the class, and my parent/guardian and I have reviewed this form. We understand that this intent-to-enroll form is not a guarantee as to the Career and Technical Education program of my choice. 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.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

REQUIRED Recommendation: (written statement employer or school employee) You may attach a separate sheet.

Recommender's Signature _____ Title _____

TO BE COMPLETED BY THE COUNSELOR

The following information is used for program matching, particularly safety sensitive programs.

Graduation Goal (Circle one)

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

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

Knowledge Assessment Scores: RW _____ STEM _____

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

ATTACH CURRENT TRANSCRIPT, CLASS SCHEDULE, IEP, ILP, 504 & DISCIPLINARY, AND ATTENDANCE RECORDS

Counselor Certification – I have discussed with the Student the expectations (both academic and behavioral) of the Student’s Prosser class choice, the prerequisites, the academic rigor, and physical demands of that class choice.

I AFFIRM or DO NOT AFFIRM (circle one)...

that the Student can meet the expectations/requirements for their Prosser class choice and believe the class choice to lead to the Student’s success in the program.

If I do NOT affirm the Student can meet the expectations/requirements of their chosen program, I recommend the following program(s): _____

Counselor Signature: _____

Date: _____

Reviewed by Facilitator and/or TOR _____

Date: _____

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THE FOLLOWING INFORMATION IS USED FOR REQUIRED, AGGREGATE STATE AND FEDERAL REPORTING.
It is not provided for and does not impact the admission into a program.

Student Name: _____ STN: _____ - _____ - _____

REPORTING INFORMATION (used for mandatory federal and state reports)

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	07 Orthopedic Impairment	08 Academically disadvantaged
Female	08 Other Impairment	09 Economically disadvantaged
LUNCH CODE	09 Deaf/Blind	10 Both academically and economically disadvantaged
40 Free lunch	10 Multiple Disabilities	
50 Reduced lunch	11 Specific Learning Disability	
60 Regular lunch	12 Traumatic Brain Injury	
	13 504 Plan	
	50 Disadvantaged*(see column 3)	
	51 Limited English Proficiency and disadvantaged	

IEP, ILP or 504 (If Yes, please circle and attach)

Counselor signature _____ Reviewed by Facilitator and/or TOR _____

For final consideration, all portions of this form must be completed (including attachment of documents). Failure to return a Completed form may result in a delay in program placement and lack of availability of Student's class choice.

After review of all intent-to-enroll forms, the Prosser Review Committee will determine a final program pairing in the program area.

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.