



Hoosier Hills Career Center

Enrollment Form

Print all information neatly. Return this completed application to your Guidance Counselor.
Enrollment into a program will be determined by the home high school and the Hoosier Hills Career Center administrative staff.

Student Name _____ Ethnicity: _____
(last) (first) (middle)

Home Address _____ Social Security Number _____
(street number & name) (city) (zip code)

High School __Martinsville High School__ Graduation year ____ Gender ____ Birth Date ____/____/____ Returning Student Yes or No

Parent/ Guardian Name(s) _____ Relationship _____ Parent Email _____

Home/Cell Phone # _____ Work Phone # _____ Emergency Contact (Name and Phone #) _____

Identify 1st, 2nd, & 3rd choice:

Traditional Half Day Program
(Juniors and Seniors)

Attention

Automotive:

- _____ Principles of Collision Repair
- _____ Collision Repair Capstone(12)

Information Technology:

- _____ Principles of Computing (Networking)

Cosmetology:

- _____ Principles of Barbering and Cosmetology
- _____ Barbering and Cosmetology Capstone (12)

Culinary Arts:

- _____ Principles of Culinary and Hospitality
- _____ Culinary Capstone (12)

Fire and Rescue:

- _____ Principles of Fire and Rescue
- _____ Emergency Medical Services (12)

Health Sciences:

- _____ Principles of Healthcare
- _____ Healthcare Specialist Capstone (12)

Welding:

- _____ Principles of Welding Technology
- _____ Welding Technology Capstone (12)

Capstone courses are for second year students/seniors only. Signatures below also grant permission for the home school to provide confidential records to Hoosier Hills Career Center to be used to assist the student with his/her educational needs. Permission is also granted for Hoosier Hills Career Center to take and use photographs and video for promotional purposes. It is also understood that the Hoosier Hills Career Center does **not** carry student accident and hospitalization insurance. *It is the policy of the Hoosier Hills Career Center not to discriminate on the basis of sex, race, or disability in the educational programs or activities which it operates or in employment therein or admission thereto. Social Security numbers are requested solely for the purpose of dual credit enrollment.*

Student Signature _____ Date _____ Parent Signature _____ Date _____

H.S. Counselor Signature _____ Date _____

***** **H.S. Counselor Use Only** *****

Attach Transcripts STN: _____ PSAT Reading _____ PSAT Writing _____ GPA _____

Area of academic support needed for IEP, 504, ESL, or other: _____ Math _____ Reading _____
Additional academic, behavioral, and/or attendance irregularities we should be aware of: _____

